HEALTH DEPT.

Page Fles. director. for Boor ca podes OT! OFFICE psed 20 DIRECTOR: Should be DEPUTY

0 VS. ATSME SM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside C. LENGTH OF STAY IN 16 c. CITY Of TOWN (If outside corporate limits, write RURAL and give necrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give styler address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 🗷 NAME OF 4. DATE Middle Last Manth Yeor DECEASED OF DEATH (Type or print) 1958 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGG Inyports UNDER TYEAR IF UNDER 24 HRS. Months Hours Min. WIDOWED -DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Hamehere 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address If you give was or deter of service? 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate cause **DUE TO** (a), stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS AUTOPS CERTIFICATION PERFORMED? NO K 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY D or CONTRIBUTING D CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (State) factory, street, office bldg., etc.) Hour While Not while p. m. of work of work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from: Notural couses V. Accident Suicide . Homicide Undetermined manner **ACTUAL** DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 1226. DATE THEREOF 220. BURIAL CREMATION. 22d. LOCATION (City lown, or county) (State) REMOVAL (Specify) enteter 1/1 EUNERAL-DIRECTOR'S SIGNATURE ** DDRESS 5-14/1551 N. 240/ REC'D BY REGISTRAR REGISTRAT'S SIGNATURE , Wangauske Mashioici

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VS A15 (4) 15M 10/S7

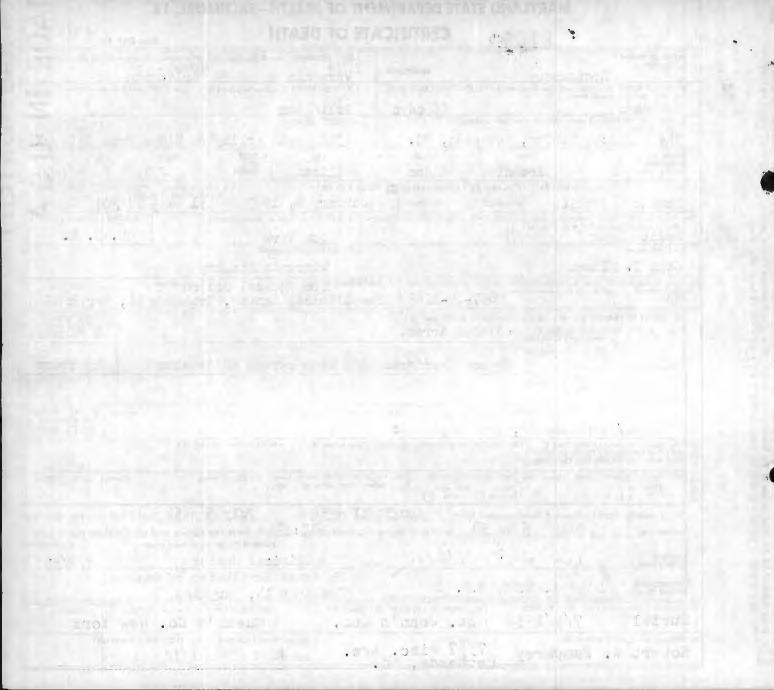
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

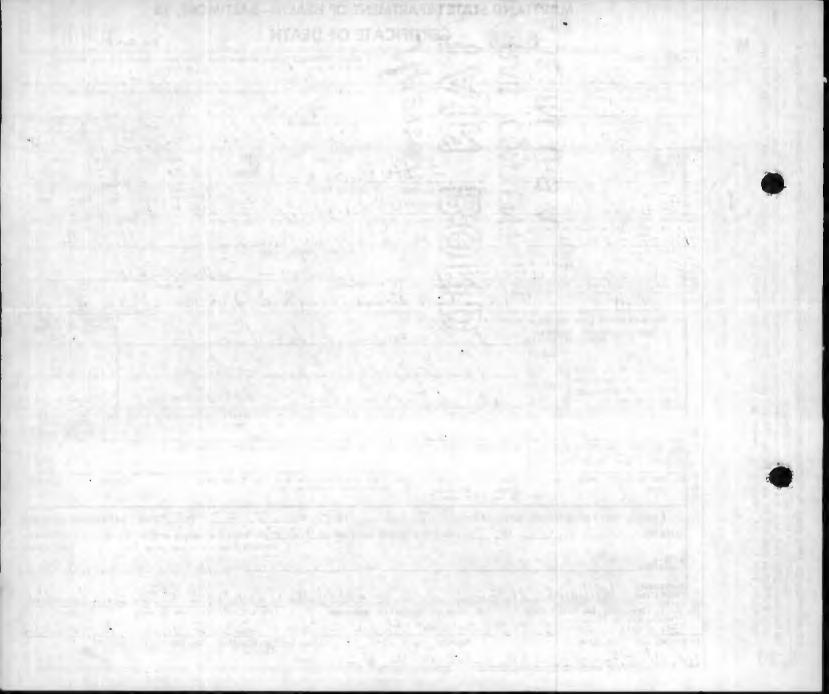
8105 CERTIFICATE OF DEATH

Reg. Dist. No.

							-		
1. PLACE OF DEATH o. COUNTY	Montgomery		MARYLAND	2. USUAL RESIDENCE (W o. STATE Virginia	there decease	b. COUNTY	on: Residence	e before admis	ision)
b. CITY OR TOWN	(If outside corporate limits	, write	c, LENGTH OF STAY IN 15	c. CITY OR TOWN (If	outside corpe	prote fimits, write RI	JRAL and g	ive neorest low	m)
Bethesda			85 days	Arlington				83Y-	3
d. NAME OF HOS OR INSTITUTIO	PITAL (If not in haspital, giv	re street o	address)	d. STREET ADDRESS					SIDENCE A FARM?
	ical Center,	Bet	hesda, Md.	2322 Sout	h Arli	ngton Ric	ige Ro	oad YES	NOK
3. NAME OF DECEASED	First		Middle	last	4. DATE	Mon	th	Day	Yeor
(Type or print)	Isa		Ann	Alisau	DEATH	1 2	July	5	1958
5. SEX	6. COLOR OR RACE	7. MARRI	IED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last bigthday)	IF UNDER		
Female	White	WIDOWE	D DIVORCED	January 6,	1907	51 yn.	Months 5	29 Haurs	Min
10a. USUAL OCCUPA	TION (Give kind of work do	one 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign c	country)	12. CITI	ZEN OF WHAT	COUNTRY
Audit Cl	erk.			New Yo			J	J. S. A	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
John T.	Alisau			Vincen	ta Sta	ckey			
S. WAS DECEASED E	VER IN U. S. ARMED FORC	ES? 16. :	SOCIAL SECURITY NO. 17. I	NFORMANT The Me	dical	Record Addr	ess		
No or unknown)	And Base and an arrive of the	0	57-09-1185 I	he Clinical	Center	, Bethese	da 14,	Maryla	and
	EATH [Enter only one cau	se per lin						INTERVAL B	ETWEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	Car	diac Arrest					ONSET AND	nutes
170	X DUE TO								
Conditions, if		Bre	ast Carcinoma	with wide sp	read n	etastase:	5	4½ Y	ears
gave rise to couse (a), statin	immediate (
lying couse los									
O HIT PART II. C	THER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. WAS	AUTOPSY
Broncy	ho-pneumonia	, py	elonephritis						ORMED?
OR CONTRIBUTION	MAS UNDERLYING THE PROPERTY OF DEATH FY MEDICAL EXAMINER)	Ob. DESC	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Por	t II of item 18.)			
20c. TIME OF INJU Hour a. m p. m	10	20d, IN While at work	Nat while for	ACE OF INJURY (Home, fore story, street, office bidg., etc	m, 20f. (City	y or fown)	(Co	ounty)	(Stole)
21. I certify	that I attended the a	decease	d from April	11, 19, 58, to	Jul	y 5, 1958	that I le	ast saw the	deceases
alive an	July 5	, 19_	58, and that death	accurred at 12:15	A.M. from	m the causes a	nd an th	e date stat	ed above
	//	1	· 10 -			freet, city or town,			ATE SIGNE
ACTUAL SIGNATURE	4. amis	11	. I cose	M.D. The Clin	ical C	enter		7/5	/58
PHYSICIAN'S	1			National	Insti	tutes of	Healt	h	J
NAME (Type)	UJAMES A. RC	SE,	M.D.	Bethesda			~		
270. BURIAL, CREMAT BEMOYAL (Pecil	10N, 22b. DATE THEREOF 7/9/19	58	St. John's	R CREMATORY	22d. LOCA	TION (City, town, o		York	fe)
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	240 PEC	D BY REGIST		TRAR'S SIGI		
Robert	A. Pumphrey	7 0	7557 Wisc.	Ave.		58 (2)	Lesu	- /	
			ethesda Md	UAIL T			I LOW	UC/SA	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



8107 CERTIFICATE OF DEATH

USU59

	UAUA				Keg. Dist. I	10.
1. PLACE OF DEATH o. COUNTY	MONTGOMER Y	MARYLAND	A STATE	Where deceased lived. If it b. CO	nstitution: Residence be	
b. CITY OR TOWN (III RURAL and give go	foutside carporate limits, write prest town! SPRING	8 yrs.		f autside carporote limits, v R SPRING	write RURAL and give	nearest fawn)
OR INSTITUTION	AL (If not in hospital, give street 10,011 REDDICK		d. STREET ADDRESS / 10,011 R	EDDICK DRIVE		on a farm? YES NO
3. NAME OF DECEASED (Type or print)	CATHERINE	Middle DAVIS	Lost BARBER	4. DATE OF DEATH		Day Year 31 19 58
S. SEX FEMALE	6. COLOR OR RACE 7. MAR WHITE WIDOW	47	8. DATE OF BIRTH 11/17/81	9. AGE (In lost birth	years IF UNDER 1 YE. hday) Months Day yes.	AR IF UNDER 24 HRS. 3 Hours Min.
Housewife	DN (Give kind of work dane 10b ing life, even if retired)	. KIND OF BUSINESS OR INT WITH home	Black Jac	ck, Missouri	U.S.A	OF WHAT COUNTR
BENJAMIN	A. FRANKLIN		14. MOTHER'S MAIDEN	INAME		
	R IN U. S. ARMED FORCES? 16	NONE	informant rs. Arthur D.	Cashell, 10	,011 Reddi	ck Drive
Conditions, if or gove rise to in couse (a), stating t lying couse last.	nmediate DUE TO	Toronan Dialete	y arte	is ⩽ litus	poio	years years
200 ACCIDENT WA	S UNDERLYING 20b. DES	CONTRIBUTING TO DEATH B	astein	o teler	rais	PERFORMED? YES NO
20c. TIME OF INJURY Hour o. m.	Y Manth, Day, Year 20d. White		PLACE OF INJURY (Home, for factory, street, affice bldg., o	rm. 20f. (City or town)	(Count	ty) (Store)
21. I certify the alive on	JOHN J. CURRY		th occurred at 6.25	P.M. from the cause Address spirot, city or O Gen	ses and on the comm, store)	
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	N. 225. DATE THEREOF 8/4/58	22c NAME OF CEMETERY CEDAR HILL		22d. LOCATION (City, 1) PRINCE GEO!	town, County) RGE COUNTY	(Stole) MD
REMOVAL (Specify)	8/4/58	The state of the s	CEMETERY 24a. RE	PRINCE GEO		MD.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.: Page 4 ed in by the funeral affector, moy be retained by the hospital of that and a physicion.

See the second of the hospital of the physicion of complete of the present and the complete of the present of the physician of complete of the physician of the

HIANG SO STADRINGS BINA BINA			
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			Marie Marie Species
			HALLY COMMERCE SCHOOL
	The Value of the State of the S		
The state of the s			92,730 777
	The state of the s		

FOR STATE HEALTH DEPT. any delay is necessory, please the funeral director. Page etained for your files.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8108

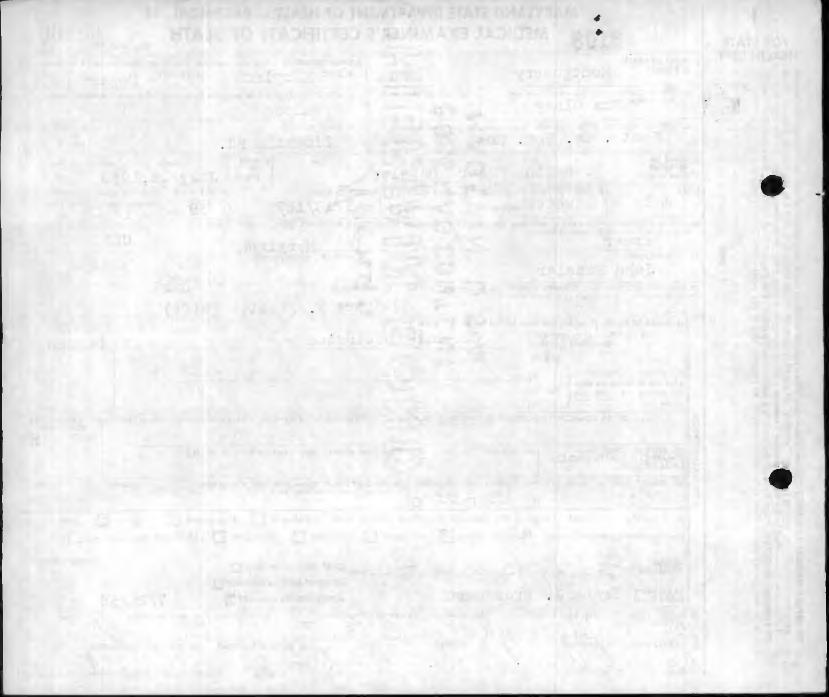
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Dist.	No.		_	-	_

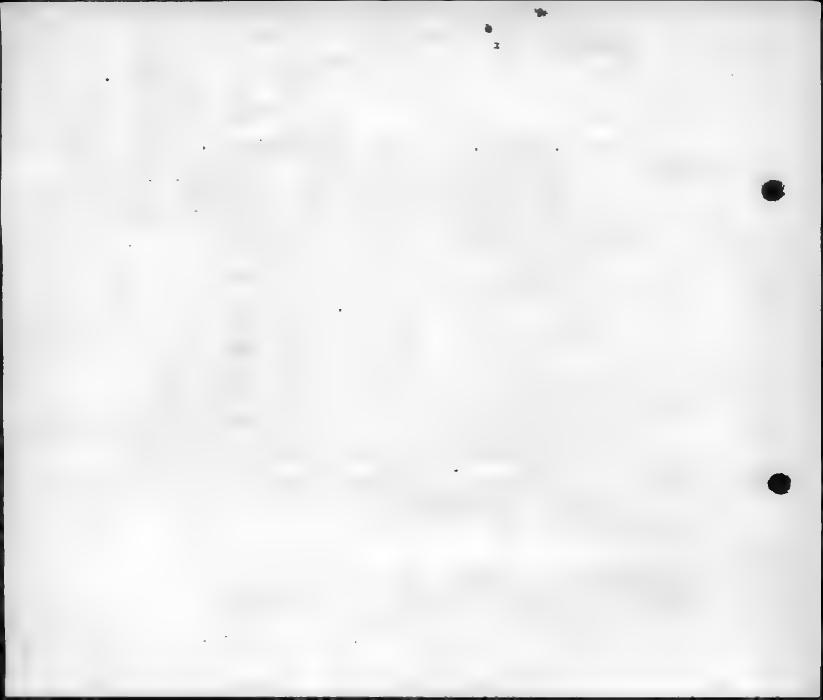
Reg.

-							The same of the sa			
	PLACE OF DEATH	ontgomery	MARYU	0	SUAL RESIDENCE (V	Where decesse Land	b. COUNT		ward	
	and give necrest total	k Olney	c. LENGTH OF STAY IN	l lb c	CITY OR TOWN (I		orate limits, write 13	RURAL one		rest foyen)
	Montg.		i hospital, give street address) HOSP	d	STREET ADDRESS Limeki	lm Rd				ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	ranklin F	Edgar Bassl	.er	Lost	4. DATE OF DEATH	July 2		Doy 58	Yeor 19
5.	male 6.	white	MRIED NEVER MARRIED DIVORCED C	-	OF BIRTH L/18/18	19	9. AGE (In years lost birthday) 59 yrs.	IF UNDER Months		Ours Min.
L	a. USUAL OCCUPATION (during most of working lif	Give kind of work done 1 e, even if retired)	Ob. KIND OF BUSINESS OR IN		BIRTHPLACE (Slote Mary MOTHUS MAIDEN	land	ountry)		SA	WHAT COUNTRY
113		Bassler		14, 8	Maria	NAME	Voche			
		N U. S. ARMED FORCES? ex, give wor or dates of service)	16. SOCIAL SECURITY NO.	Grad	e F. Ba	ssler	Address (Wife)			
30	Conditions, if ony, gove rise to immediate (0), stating the undecase last.	erlying DUE 10	Coronary			AINAL DISEASE	CONDITION GIV	EN IN PAR	SU	dden
CERTIFICATION	20g. EXTERNAL CAUSE PRIMARY OF CONTRI CAUSE OF DEATH.	WAS BUTING 206. DES	CRIBE HOW INJURY OCCURR	ED, (Enfor n	olure of injury in Pos	et I or Fort II :	of item 18.)		1	PERFORMED?
MEDICAL	20c, TIME OF INJURY Hour g. m. p. m.	1	Mile Not while of work		INJURY (Home, former, office bldg., etc.		or lown)	(Co	unty)	(Stole)
			ne remoins described of couses . Accide	_	Suicide	Homicide		Inquir rmined r		ond in my
	Lewwie (1Abs)		schart		ASSISTANT MEDICAL	EXAMINER [j '	7/26/	/58	
	o. AURIAL, CREMATION, REMOVAL ISPORTY)	ply 29 19	38 Strand	Y OR CREM	melen	Ru	ION (City, town, c	or county)	il	(Stote)
23	Ve With	Canalda	du Laure	1 %	240. 9EC	D BY REGISTI	RAR 245. REGIS	PAR'S SIG	GNATURE	

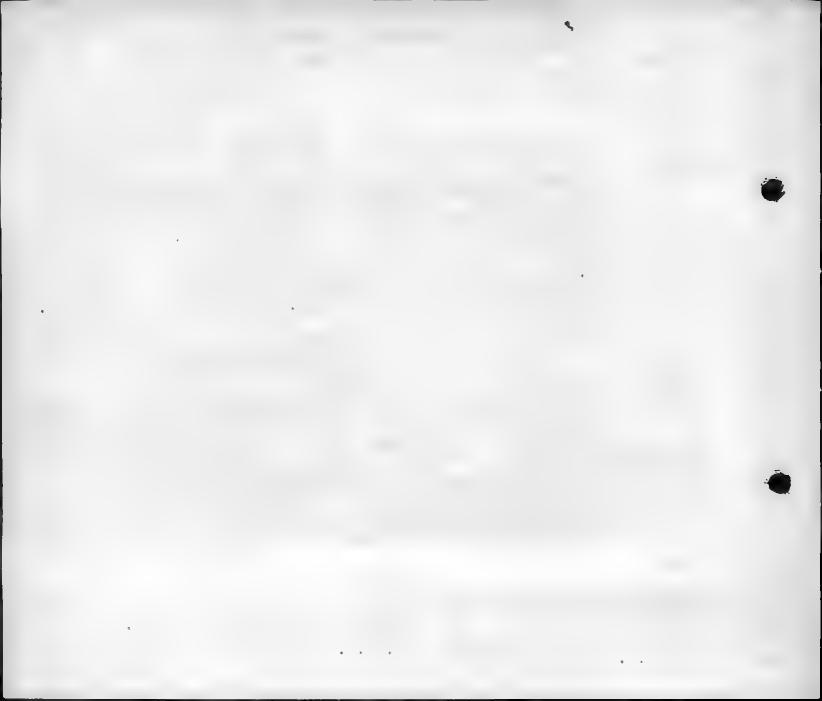
This certificate should be executed within 24 hours after death. If any delay is and "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the functional Medical Examiner's Office along with form PM3. Page 5 may retained to weed as a burial-transit permit, file pages 1 and 2 with 5 State barial, cremation, ar removal, and in any event within 72 hours offer death. execute the certificate, writing the ordinal tendinal to fund be forwarded to the Clambedical Examin TO FUNERAL DIRECTOR: Page 3 should be used as a or its designated agent, prior to barial, cremation. TO DEPUTY MEDICAL EXAMINER: VS. A15ME 5M 2/57



5M 2,57



		•		TE DEPARTA		H—BALTIM	ORE, 18	080	62
		* 8109		CERTIFIC	ATE OF DEAT	H	Reg.	Dist. No.	
12	PLACE OF DEATH				2 USUAL RESIDENCE (COUNTY		
(")	/	Montgomer		MARYLAND		cyland	MC	ntgomer	
	Chevy C	N (If autude corporate lim- t nearest town) hase	its, write c. LEN	IGTH OF STAY IN 16	CITY OR TOWN (I	fautside corparate lin	nits, write RURAL of	nd give nearest to	wn)
	4818 E	erial (II not in hospitol, given arlston Dr	give street oddress) 1V0		d. STREET ADDRESS	Earlston	Drive	ON	ESIDENCE A FARM?
	3 NAME OF DECEASED	Fi	rst	Middle	Lost	4. DATE	Month	Doy	Year
	(Type or print)	Flore	nce	Ida	Benner	OF DEATH	July	12	1958
	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AG	E (In years IFUN(DER TYEAR IF UN	
	Female	White	WIDOWED 🔲	DIVORCED [6-13-189	2 6	26 ALT WOULD	hs Days Hour	s Mii
	100. USUAL OCCUPA during most of w House	NON (Give kind of work Porking life, even if retired WII O	done 105, KIND (PE BUSINESS OR INDI	ustry ii birthplace (sio Washi	te or foreign country) Ington, I		CITIZEN OF WHA	AT COUR
$(\ \ \ \ \ \ \]$	3. FATHER'S NAME				14 MOTHER'S MAIDEN	NAME			
	Frederi	ck A. Knot	t		Mary Lou	u Hurley			
		VER IN U. S. ARMED FOR (If yes, give war or dates of t	RCES? 16, SOCIAL	SECURITY NO 17.	Charles J.	Benner	4818 E	Carlstor Chase.	n Dr Md
		DEATH [Enter only one co), (b), and (c) }			A .	UNTERVAL	BETWEEL
	PART I E	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	of Ore	brovas	celar	accide	<i>#</i>	ONSET AN	Mu
	1	DUE TO		1	0 -0	0	4		
	Conditions, if		o, Hyp	restruser	e Keart	aura	a.R.		
	gove rise to couse (a), static	ng the under-) ()*						
	lying couse lo	<u>it.</u>) (c	:)						
	PART II.	OTHER SIGNIFICANT CON	NOTIONS CONTRIB	IUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CONI	DITION GIVEN IN E	PART I(o) 19 WAS PERF	S AUTOP ORMEDI
	200 ACCIDENT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ED. (Enter noture of injury i	0-41-9-414-4	10 1	YES	ОМ [
	OR CONTRIBUTION	WAS UNDERLYING [] NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	200 DESCRIBE FI	OII MIDEL OCCURE	CO: (Chier holder or injury i	TOTAL OF TOTAL IS OF T	rem to ;		
		URY Month, Day Ye	<u> </u>	OCCURRED 20e P	LACE OF INJURY (Home fo	rm. 20f (City or tow	ro)	(County)	(Sh
	Haur o. r	n. 10		at while	octory, street, office bldg , a	ic.)	•	(000,11)	12.0
			1		+ 105H	Que Const	3.105-511.	1.1	
	alive on	that I attended the	19 5	//	h accurred at		that, کر کووا ہے		
	dive dii	CA.	· /	, una mor dear	-/r	ADORESS (Street or	causes and ar		ted ob DATE SIG
	ACTUAL SIGNATURE	Claime U	1/hur	phyll)	MD 4812	This	et D	w Was	X
1		F 1	14.1	0		***************************************		/	
	PHYSICIAN'S NAME (Type)	ELAINE	W.M	URPHY	, M.D.	,			
***	270 BURIAL CREMA	TION, 276. DATE THEREC	OF 27c N	NAME OF CEMETERY			Land, Mo		ale)
	REMOVAL (Speci	^(h) 7/15/5	og Ce	dar Hill	cemetery	DUI 61	raniu e nic	4.0	
(Prop		OR'S SIGNATURE	0 0	odar Hill Tüth St.		C'D BY REGISTRAR	246 REGISTRAR'S		



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital mending physician.

TO FUNERAL DIRECTOR: After this ficate has been signed by the attending physician and cample! The filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

M

,			82	110	CERTIF	ICAT	E OF DEAT	Ή		Reg. Dist	18.11.)63
	1, 1	PLACE OF DEATH	Montgomer	у	MARYLA	- 11	USUAL RESIDENCE (Vo STATE Mary land	Vhere deceased liv	-	nı Residence	before a	
	ı	b, CITY OR TOWN RURAL and give	(If outside corporate lim bearest town) REGLAND	its, write	7 Months	16	New Market		limits, write RU	RAL and giv	ve negresi	town)
		OR INSTITUTIO	Ammons R				d STREET ADDRESS					S RESIDENCE ON A FARM?
		NAME OF DECEASED (Type or print)	Abraha	hm	Middle		Bennett	4. DATE OF DEATH	July	1,1	Day	Yeor 1958
	5. 9	SEX Ma 10	6 COLOR OR RACE	7 MARR	DIVORCED	<u> </u>	arch 14, 1	867				UNDER 24 HRS
	10a	during most of w	orking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	Maryland		γ}		J.S.	HAT COUNTRY?
	13.	FATHER'S NAME	Unknown			1	Emily Y					
1	15. [Yes	WAS DECEASED E	VER IN U. S ARMED FOI (If yes, give you or doles of	(CES? 16.	SOCIAL SECURITY NO.	17 INFO	Mrs Annie	Fawcett,	New Man	rket,	M.	
			PEATH [Enter only one of PEATH WAS CAUSED BY. IMMEDIATE CAUSE (Cerebral	Thr	ombosis				ONSET	AL BETWEEN AND DEATH SEVS
		Canditions, if	any, which)(Hypertens:			ase				
	7	tying cause la	<u> </u>		Arteriosc			AND THE PART OF TH	ON INTERNATIONAL CHAR) la .	HAC AUTORON
	CERTIFICATION		Ar	thri		_				IN IN PAKE	P .	VAS AUTOPSY ERFORMED?
		20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DES	ERIBE HOW INJURY OCC	URRED. (E	inter noture of injury i	n Port 1 or Port II :	of item 16.)			
	MEDICAL	20c. TIME OF INJ Hour o. n p. n	1, 10	While	Not while of work		Of INJURY (Home, fo , street, office bldg., e		town)	{Co	ounty)	(Stole)
		21. I certify	that I offended the July 1,	decease	ed from June		., 19 <u>58</u> , to					
	,	ACTUAL SIGNATURE	Webite	1 1	Lowell	7 M.D	yên dipunik dirî din germînê dipunipu ne. ser ser ser ser ser	ADDRESS (Street	, city or town, a	^{101e)} 7/3	/58	DATE SIGNED
1		PHYSICIAN'S NAME (Type)	Webster	Sew	ell		Silver	Spring	, Md.			
	220	BURIAL CREMA	7/4/58	OF .	22c NAME OF CEMETE Bush Pa		REMATORY	Cooke	V (City, town, or	Ma.		(State)
	23	HELL HELL	C. Shini	len	Rockville,	Md.		C'D BY REGISTRAI JUL 8 158	1 ()	TRAR'S SIGN	LEA	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



0.8064

e IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

8 months

WAS AUTOPSY

(State)

DATE SIGNED

(State)

PERFORMED? YES 🙀 NO 🗂

k min.

Days

(County)

JUL 3 1 '58

ON A FARM?

YES 🗍 NO 🍒

Year

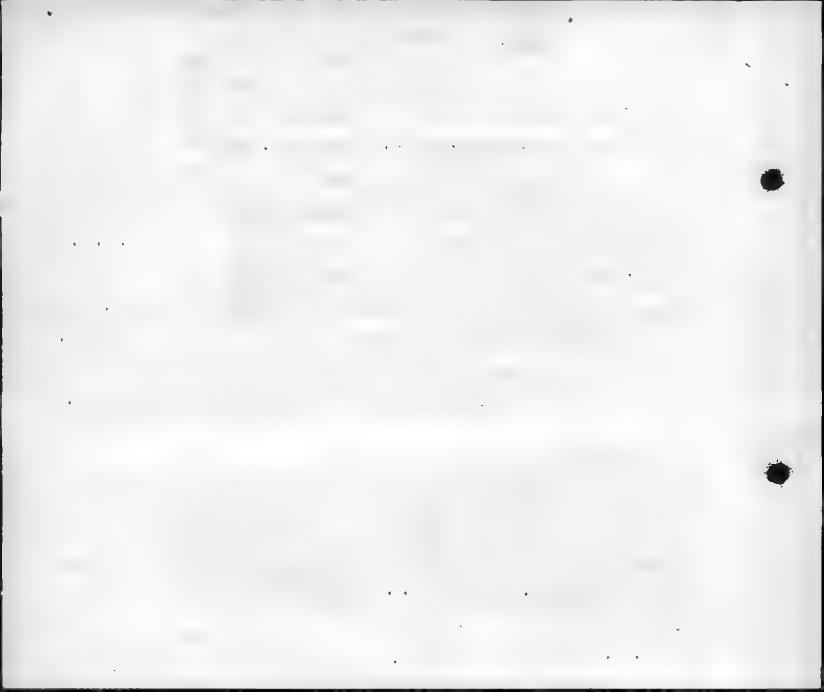
1958

Min.

IF UNDER TYEAR IF UNDER 24 HRS Months 12 CITIZEN OF WHAT COUNTRY? U. S. A. The Clinical Center, Bethesda ll, Maryland PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 July 29 1958 that I last saw the deceased and that death accurred at 7:00PM, from the causes and on the date stated above ADDRESS (Street, city or town, stote) National Institutes of Health 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Valley Memorial Bur-Transit Granger Utah 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a REC'D BY REGISTRAR 246 REGISTRAR'S SIGNAFURE A. Pumphrey-Bethesda, Md.

FUNERAL (*)

bode 0 VS A15 (4) 15M 10/57



8112 CERTIFICATE OF DEATH

OALH			Re	g. Dist. No.
1, PLACE OF DEATH COUNTY MONTGOMERY	MARYLAND	2 USUAL RESIDENCE (When o. STATE MARYLA)	TD b. COUNTY MC	esidence before admission) ONTGOMERY
b CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) KENSINGTON	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF OUT	Iside corporate limits, write RURAL LNG	ond give nearest town)
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 3000 McComas Av	* I	d street address 2602 Dennis	s Avenue	e. 15 RESIDENCE ON A FARM? YES NO
3 NAME OF First DECEASED (Type or print) CORA	ADELE B	ERESFORD Lost	4. DATE Month OF JULY	Doy Yeor 23 1958
FEMALE WHITE WIDOW	ED DIVORCED 2	B DATE OF BIRTH /24/81	lost birthdoy) Mo	nths Days Hours Min
GIELK	kind of Business or indus insburgh*s^Dept store		r foreign country)	2 CITIZEN OF WHAT COUNTRYS U.S.A.
13. FATHER'S NAME HORACE BROWN		OPHELIA	ME STEWART	
After an accompanies to the contract of the co		FORMANT rs. Charles W.	• Kohl • 2602 Det	nnis Ave.
PART 1 DEATH (Enter only one couse per line part 1 DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if ony, which gove trise to immediate couse (a), stating the underlying couse lost. (c)	Regional	chest Je	Alloca	DE 111 INTERVAL DETWEEN ONSET AND DEATH
Part II. OTHER SIGNIFICANT CONDITIONS OF THE PART III. OTHER SIGNIFICANT CONDITIONS OF THE	-			N PART 16 19 WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRED			
A Hour o.m. While	NJURY OCCURRED 20e. PLA Not while k ot work	CE OF INJURY (Home, form, tary, street, office bldg., etc.)	20f. (City or fown)	(County) (State)
21. I certify that I attended the decease alive an 121 S 19	, and that death) 1	at I last saw the deceased on the date stated obove. DATE SIGNED 3 5 6
PHYSICIAN'S SAM	CALLEN, M.D. Ligion, Maryland			· /
220 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURIAL 7/26/58	22c. NAME OF CEMETERY OR PARKLAWN CEME		2d LOCATION (City, town, or con	unity) (Stote) CY. MARYLAND
OS FUNERAL DIRECTOR SEIGNATURE	ADDRESS SILVER SPRING	C MO I	BY REGISTRAR 246 REGISTRAL 2 8 '58 CU-	R'S SIGNATURE

TO HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or atending physician.

TO FUNERAL DIRECTOR: After this can be a signed by the attending physician and completely in by the funeral director, page 3 shauld be detached for use whe burial-transit permit. Then please remave carban papers. Page 1 and 2 should be the dwith a remaval, and in any event within 72 hours offer death. VS A15 (4) 15M 10/57

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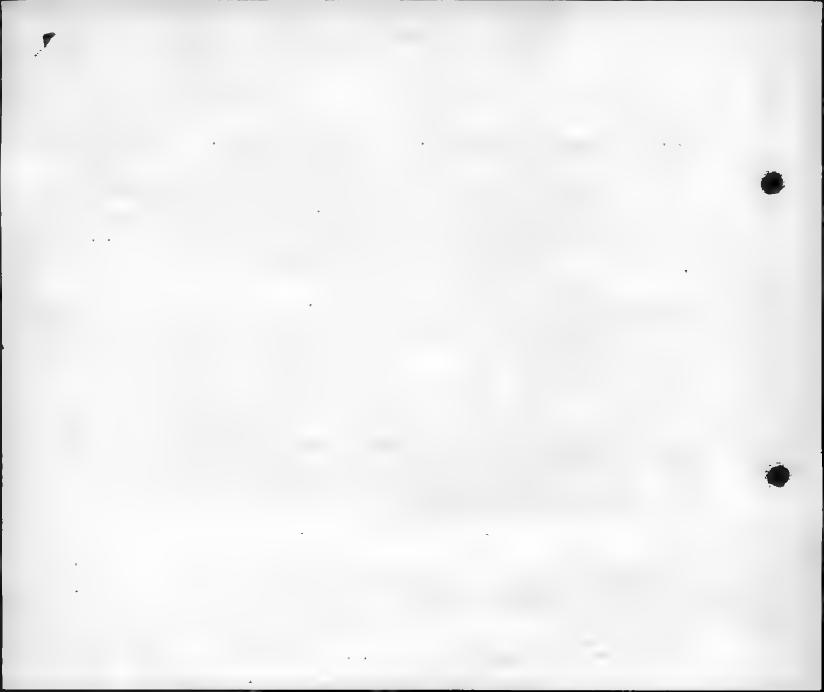
VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
8113	CERTIFICATE OF DEATH	R

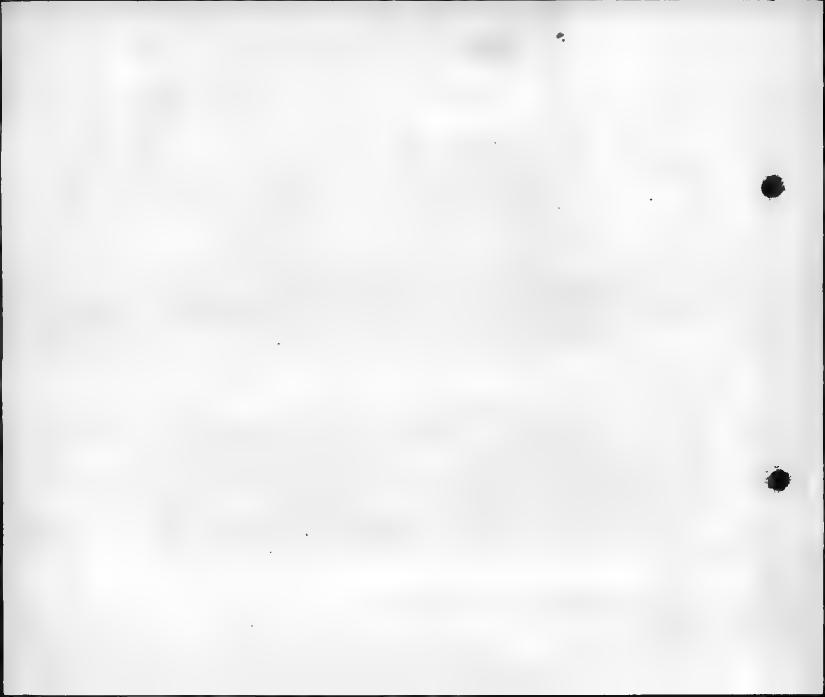
CERTIFICATE OF DEATH

	-()	8	(),(56	4
Reg.	Dist.	No	, 2	T	

1, PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)									
o. county Montgomery MARYLAND	o. STATE Maryland b. COUNTY									
b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town).	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
Bethesda (Rural) 29 Days	Coleman Manor									
d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e 15 RESIDENCE ON A FARM									
U.S. Naval Hospital, Bethesda, Md.	3603 43rd Ave., YES □ NO X									
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year									
(Type or print) William Edward	BERNARD DEATH July 28 19 58									
5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS logs birthday) Months Days House Man									
Male White WIDOWED DIVORCED	29 Nov. 1894 63 yrs Months Days Hours Min.									
10u. USLA. OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDL during most of working life, even if retired)	JSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?									
Confidential Clerk, New Zealand Embassy	Maryland U.S.									
3 FATHER'S NAME	14 MOTHER'S MAIDEN NAME									
Howard BERNARD	Lillian OSWILL									
	INFORMANT Address									
	Wife) Mrs.Lucy Mary Bernard (Same As #2)									
18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]	INTERVAL BETWEEN									
PART I DEATH WAS CAUSED BY. Bronchogenic car	cinoma, Epidermoid type									
1621 DUE TO	2 1001									
Conditions if any which \										
gove rise to immediate										
lying couse lost (c)	couse (o), sroning the Under-									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY										
TES .	PERFORMED? YES K NO									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COURSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER	D (Enter nature of injury in Port I or Port II of Item 18.)									
3 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PI	LACE OF INJURY (Home, form, 20f (City or town) (County) (State)									
20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Plant of While Not while of work of work of work of work	ictory, street, office bldg., etc.)									
21. I certify that I attended the deceased from 30 June	19 58, ta 28 July 19 58, that I last saw the deceased									
glive on 26 July 19 58 and that death	h accurred at 3:40A • M, from the causes and an the date stated abave.									
ADDRESS (Street, city or fown, stote)										
SIGNATURE June a. I deed	ADDRESS (Street, city or town, stote) DATE SIGNED M.D. U.S. Naval Hospital, Bethesda, Md. 7-28-58									
SIGNATURE	W.D.									
PHYSICIAN'S Jerome A. Gold, LT, MC, USN	U.S. Naval Hospital, Bethesda, Md.									
220. BURIAL, CREMAT ON, 226 DATE THEREOF 22c. NAME OF CEMETERY C										
Burial 7-30-58 Arlington Nat	t'l Cemetery Arlington, Virginia									
23. EUNIFIED DIRECTOR SIGNATURE LOS ADDRESS	240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE									
Chambers, 517 11th St., S.E. Washington,	D.C. DATE JUL 3 0 '58 Ull Leduch									



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Ttem Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) I director filed w o. COUNTY a. STATE **b** COUNTY MARYLAND death. the funeral a CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give reposest town) d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF DECEASED Middle 4. DATE DEATH (Type or print) 9. AGE (In years 5 SEX 6 COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED THEYER MARRIED 8. DATE OF BUILDIN lost birthday Months WIDOWED AT DIVORCED | deoth deoth 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 during most of working life, even if ebired) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? o cocher ame made 5 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURTY NO. 17 INFORMANT Address offending 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) 420,1 **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO ğ couse (o), stoling the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY 206 ACCIDENT WAS UMBERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCOURED. (Enter noture of injury in Port I or Port II of item 18) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f. (City or fown) Day, Year 20d INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o. m While Not while of work of work n. m 21. I certify that Lattended the deceased from 19,5 Shat I lost saw the deceased olive on IM from the couses and on the date stated above. DIRECTOR ADDRESS (Street, city or town, stole) **ACTUAL** shauld be SIGNATURE PHYSICIAN'S FUNERAL NAME (Type) ന

22c NAME OF CEMETERY OR CREMATORY

Oak

Washington,

Hill Cemetery

asass

e. IS RESIDENCE

ON A FARM? YES NO P

PERFORMED? YES NO

(Stote)

DATE SIGNED

(Stole)

22d LOCATION (City lown or county)

Washington, D.C.

24b, REGISTAAR'S SIGNATURE

240. REC'D BY REGISTRAR

DATE AUG 4

19 5

O VS A15 (4) 15M 10/57

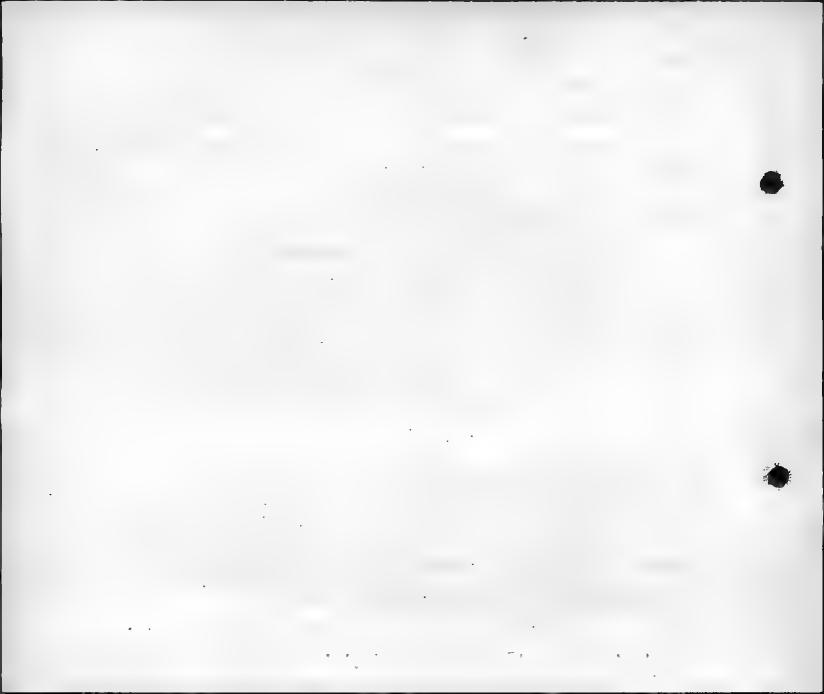
220 BURIAL CREMATION. 225 DATE THEREOF

Hines

REMOVAL (Specify)

73 FUNERAL DIRECTOR'S SIGNATURE THE S. H. Hine

Burial



Pumphrey-Bethesda, Maryland

08069

e. IS RESIDENCE

Day

Hours

ON A FARM? YES NO 🕌

Year

1958

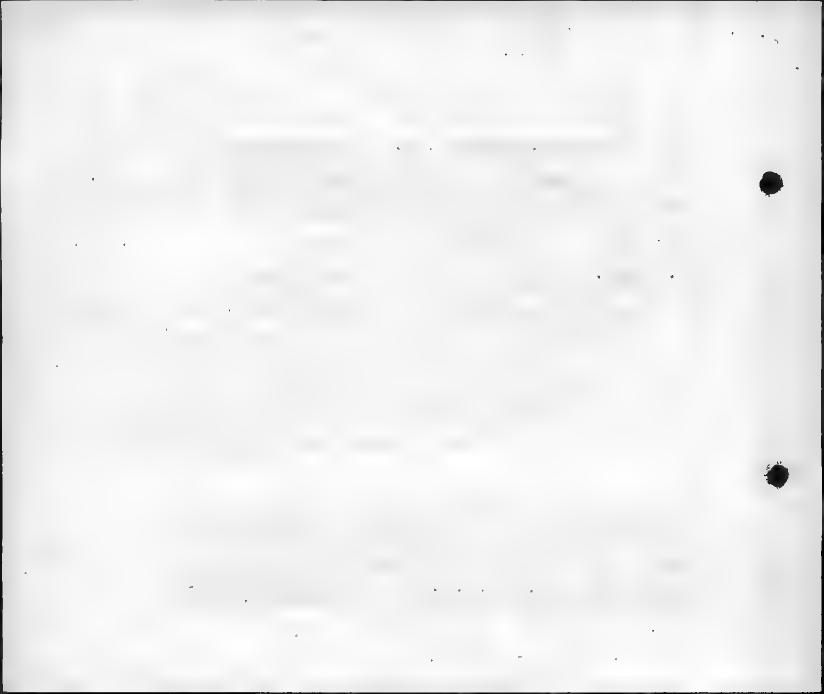
Min

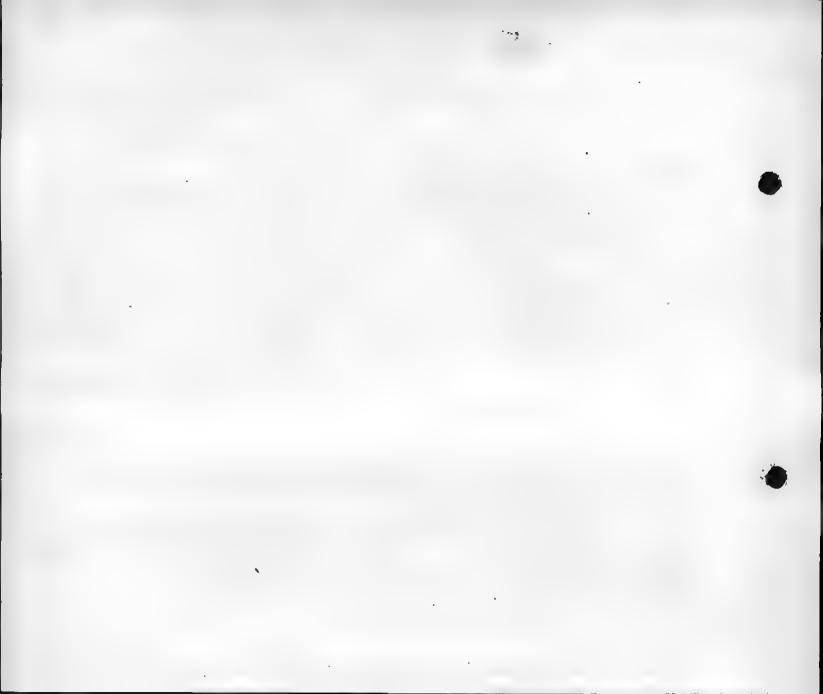
12 CITIZEN OF WHAT COUNTRY? U. S. A. Maryland INTERVAL RETWEEN ONSET AND DEATH PERFORMED? YES 🔼 NO 🗌 (County) (State) _____ 1958__that I lost saw the deceased and that death occurred at 7:00 A.M. from the causes and on the date stated above. ADDRESS (Sineel, city or town, state) National Institutes of Health 22d. LOCATION (City, town, or county) (State) Virginia 24n REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE JUL 1 6 '58

AV VV VV V X

VS A15 (4)

15M 10/57





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1/21	** ·
الأي	Markey S.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	 89	SU	7	1

	81	16	- Chillin		TE OI		•		Reg.	Dist. No	a a	
1 PLACE OF DEATH d. COUNTY	domona		MARY	rland	2 USUAL RES	DENCE (Wh		d lived If inst b COUI	HEN		ire odmiss	
b CITY OR TOWN (flouts RURAL and give neares)	de corporate limite tawn) - U. S. S. S. S. S.	s, write	c LENGTH OF STAY			TOWN (IF o	ulside corpo	irole limits, wri	te RURAL on	d give ne	grest fowr	1)
d, NAME OF HOSPITAL (IF OR INSTITUTION	not in hospital, gr				d. STREET	- 7	1	b				FARM?
3 NAME OF DECEASED (Type or print)	First JUJ.4		Middle I r		to	ov .c	4. DATE OF DEATH		Month	Do		Year
	ini ie	WIDOWE		0 🗆	DATE OF BIRT	1 5		,	ors IF UND ly) Months yrs.		Hours	Min
10a. USUAL OCCUPATION (G during most of working hi	ve kind af work d fe, even if retired)	one 10b.	KIND OF BUSINESS C	OR INDUST		ACE (Stole		ountry)	12. (ITIZEN (COUNTI
13. FATHER'S NAME					14 MOTHER'S	MAIDEN N	IAME					
ס היטונונה ב	AC. LOCAL CA	ne			Tinter	كالثنات						
35 WAS DECEASED EVER IN L	J. S ARMED FORC	(ES? 16. 16. 16. 16. 16. 16. 16. 16. 16. 16.	78-46-81	76 °	FORMANT (11)	,С		Address	, au	VC	
11.30.	AS CAUSED BY: EDIATE CAUSE (0) DUE TO	Far	y Mync an onary Athe	dial roscl	esosis,	Mark	ed			0N:	A hr	DEATH B.
Conditions, if any, w gave rise to immed couse (o), stating the un lying cause last	liote (nte Trache monary at							1	2 da; 24 h	-
ECATA CONTRACTOR OF THE CATA	DERLYING CL		ONTRIBUTING TO DE							ART 1(0)	PERFO	AUTOPSY PRMED?
OR CONTRIBUTION OF CONTRIBUTIO		20d. IN While at work	UURY OCCURRED Not while	20e, PLAG	CE OF INJURY (Home, form, a bldg., etc	20f. (City	or town)		(County)		{State
21. I certify that I alive an Jul 23 ACTUAL SIGNATURE PHYSICIAN'S Robert NAME (Type)	-58 esh /	12	, and that		occurred at	0609 .0	AMP from	reet, city or to	es and an	the do	te state 0/ 2 3. 1	ed abay ATE SIGN
770. BURIAL, CREMATION, 27	7/25/58		22c. NAME OF CEM	ETERY OR	CREMATORY	nsing	22d LOCAT	Marylan NON (Cily low Rockvil	m or county)	(Store	e)
23 FUNTERAL DIRECTOR'S SUGA		y-B	ADDRESS ethesda, N	/Id.		240 REC'D	BY REGIST 2 8 '58	RAR 24b. RI	EGISTRAR'S	- /	RE	



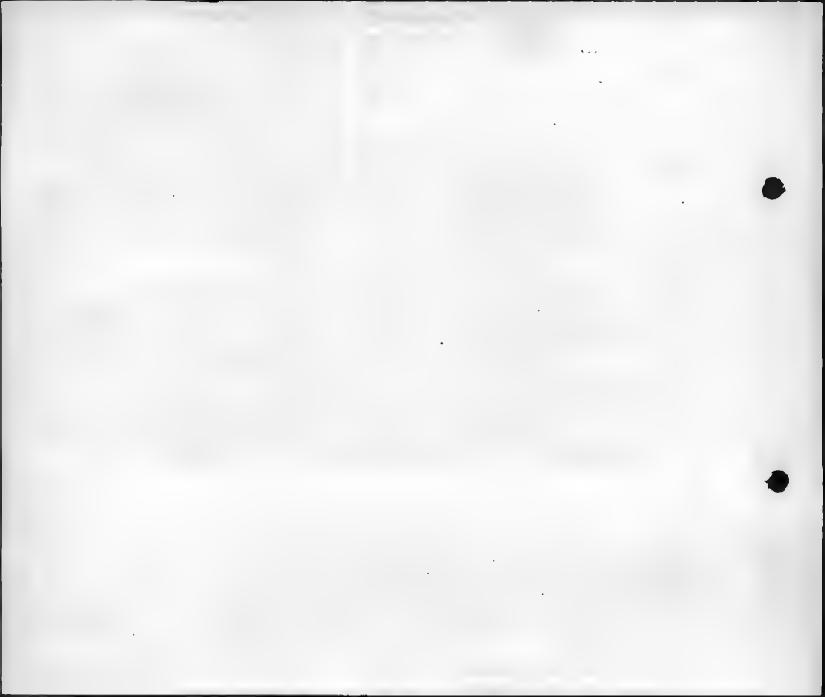
		0042	QEIXTH 197	AIL OI DEAIII	Reg. Dist. No.				
	١,	PLACE OF DEATH © COUNTY	MARYLAND	2. USUAL RESIDENCE (Where d	leceased lived. If institution Resid	lence before admission)			
	\vdash	b. CITY OR TOWN (If outside corporate jijnits, write	c. LENGTH OF STAY IN 1b	CITY OF TOWN HE auticle	e corporate limits, write RURAL-ap	A gird address town			
		RURAL and give nearest town)	u dan-	7 1/2 2	to policio inimis, wine kong				
		d NAME OF HOSPITAL (If not in hospital, give street of	nddress)	d STREET ADDRESS	FREELY SK	o. IS RESIDENCE			
	4.	or Institution Sin & Nes	with!	11910 ands	rec. st	YES NOX			
		NAME OF DECEASED (Type or print)	Wizerbeth B	Jane V	DATE Month	Doy Yeor 13 1938			
	5	SEX 6. COLOR OR RACE MARRI	ED D NEVER MARRIED	B. DATE OF BIRTH		ER I YEAR IF UNDER 24 HRS			
	7	emale While WIDOWE	D D , DIVORCED D	10-27-05	lost birthday Months	Days Hours Min			
1	/0c	usual Occupation (Give kind of work done 10b. (during most of working life, even if retired)	CIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or for	reign country) 12. (CITIZEN OF WHAT COUNTRY?			
		Housecrae	fame	10-		ula.			
./	13.	FATHER'S NAME		14 MOTHER'S MAIDEN NAME	0				
	Ŀ	John E. Higan		Sarah 7/1	10 Ginin	,			
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. \$ 5. 00. 07 unknown] [If you, give wor or doles of service]	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	,			
	L	160		Trusband	Stime !	is about			
		18. CAUSE OF DEATH [Enter only one cause per lin	g for (o), (b), and (c).]	. / -		INTERVAL BETWEFN ONSET AND DEATH			
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	enverre	nome of	ranguerse	17			
		153.1 DUE TO CO	lon with	metastacis.	to tiver.	11100104			
		Canditions, if any, which (b) (b)							
		couse (a), stating the <u>under-</u>							
	z	PART II. OTHER SIGNIFICANT CONDITIONS C	ONITRIDITING TO DEATH BUT	NOT DELAYED TO THE TERMINAL OF	DICEACE CONTRIBUTION OF THE ALLE	The latest controlled			
× Mari	CERTIFICATION	PARTIL OTHER SIGNIFICANT CONDITIONS O	DIVERSORING TO DEATH BOT	NOT REDATED TO THE TERMINAL L	SISEASE CONDITION GIVEN IN P	PERFORME D? YES NO			
		200 ACCIDENT WAS UNDERLYING ☐ 206 DESC OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I	or Part II of item 18)				
	Ϋ́			ACE OF INJURY (Home, form, 20	f (City or town)	(County) (Stole)			
	MED	Hour a.m. While at work	Nat while	stary, street, affice bldg., etc.)					
		21. I certify that I attended the decease	d from Howar	4 1958 to 94	Un 13 1958 that	I last saw the deceased			
		alive an July 13, 19 5		// <u></u>	, from the causes and an				
		8 0			RESS (Street, city at town, state)	DATE SIGNED			
		SIGNATURE A was sell 15.	limite.	M.D. 880/ Colle	wille Roa	di, 7/13/50			
ŀ		PHYSICIAN'S RUSSell 13.	Arnold M.	PSilver S	pring,)n	d.,			
	22.	BUR.AL CREMATION, 22b, DATE THEREOF	THE STAME OF CEMETERY O	R CREMATORY 224	COGNION (Chyfrayn, ar caunty	(State)			
	-	11/6/28-	tollie	elusem c	in such	ima			
	1	TUNERAL DIRECTOR'S SIGNATURE	ADDRESS 57	Orac DATE JUL 1	REGISTRAR 24 REGISTRAR'S	SIGNATURE			
	1	0 11 67 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SIE S # 1/4 .	J COMMAN I DATE THE	. 3 . 16.5				

ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4mm id in by the funeral director, I and 2 should be filedwith may be retained by the haspital of ding physician.

TO FUNERAL DIRECTOR: After this are has been signed by the attending physician and campletely page 3 shauld be detached far use. It burial-transit permit. Then please remove carbon papers. It he registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs ofter death. TO HOSPITAL OR

13:

VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY MARYLAND b CITY OR TOWN c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OR INSTITUTION (If not in hospital, give effect address) d STREET ADDRESS ON A FARM? YES NO X 3. NAME OF DECEASED (Type or print) DEATH MARRIED NEVER MARRIED 18. DATE OF BIRTH IFUNDER TYEAR IF UNDER 24 HRS rinday] DIVORCED [100 USUAL OCCUPATION YOME kind of work done 106. KIND OF BUSINESS OF INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Was no at unknown. Yes 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INSTRUMENT BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate couse DUE TO (a), stating the underlying cours fort. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINACDISEASE CONDITION GIVEN IN PART HOLER, WAS AUTOPSY PERFORMED? 200, EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 26e. PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour p. m. Not while of work at work p. m. 23. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [A. and in my opinion death resulted from: Natural couses [3]. Accident [7], Suicide . Homicide . Undetermined monner Farm ACTUAL SIGNATURE A DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 2 22c. NAME OF CEMETERY OR CREMATORY 27d. LOCATION (City town, or county) Cemetery Washington, ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIG A15ME Robert A. Pumphrey Bethesda, Maryland DATE MAN



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Regidence before admission) . COUNTY MARYLAND b CITY OR TOWN If outside concerns have, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If buside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREPT ADDRESS agn e NAME OF 4. DATE Month DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR/LACE 7. MARRIED 🔼 NEVER MARRIED 🔃 8. DATE OF BIRTH 9 AGE (In years lost birthday) WIDOWED | DIVORCED I O yrs. 100 USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY dyring most of working life, even if retired) BUFEAU OF ENGRAVING Printing, U.S. Gov amler 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED/EVER IN U. S. ARMED FORCES? B. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) ves Hyattsville, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) **DUE TO** Conditions, If any, which olong design gove rise le immediate cause DUE TO (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19. WAS AUTOPS 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, affice bldg., etc.) While Not while 0. 171. at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . Inquiry . to the Chief DIRECTOR: death resulted from: Natural causes 1. Accident . Suicide . Homicide . Undetermined cause

ON A FARM? YES NO IX Doy Year 19 5 IF UNDER TYEAR IF UNDER 24 HRS. Months 12. CITIZEN OF WHAT COUNTRY? Mrs. Alice M. Boyd, 2012 Somerset INTERVAL BETWEEN PERFORMED? NO DO (County) (Stole) DATE SIGNED 22d, LOCATION (City, town, or county) (Stote) PRINCE GEO. COUNTY, MARYLAND 246. REGISTRAR'S SIGNATURE

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER 🗍

240. REC'D, BY REGISTRAR

DEPUTY MEDICAL EXAMINER

DATE

22c. NAME OF CEMETERY OR CREMATORY

SILVER SPRING, MD.

ADDRESS

FI. LINCOLN CEMETERY

08074

. IS RESIDENCE

VS. A15ME(5) SM 9/55

forwarded to

0

ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type)

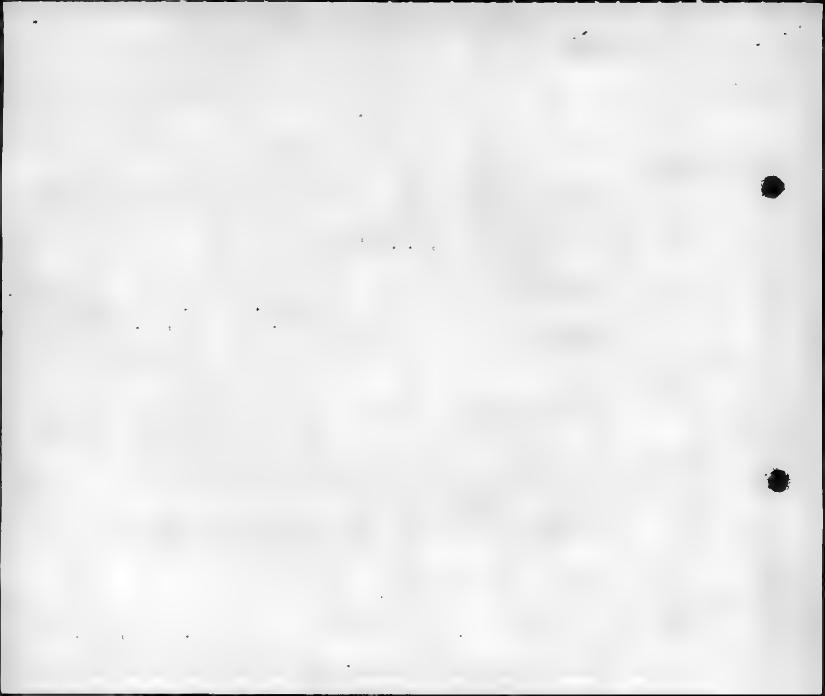
BURIAL

REMOYAL (Specify)

220. BURIAL CREMATION, 226. DATE THEREOF

FUNERAL DIRECTOR'S SIGNUTURE

7/31/58



CERTIFICATE OF DEATH

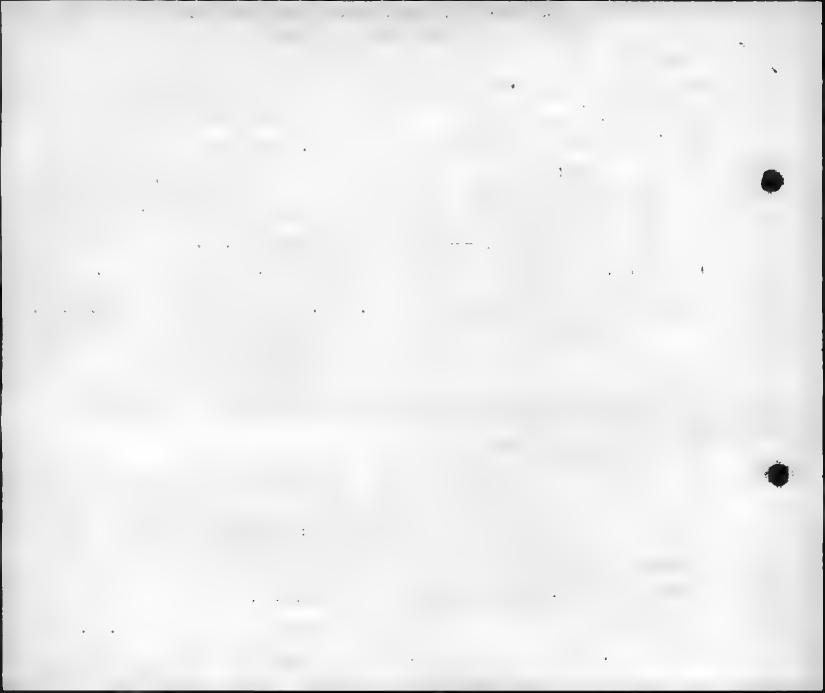
08075

	- CERTIFICATION	CIE OI BEAIN	R	eg. Dist. No.
1. PLACE OF DEATH COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (Who	re deceased lived If institution b. COUNTY	
				Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Kensington	c. LENGTH OF STAY IN 16		Class as	AL and give nearest town)
d NAME OF HOSPITAL (If not in hospital, give stree Kensington Gardens Res	t oddress)	d. STREET ADDRESS	Chase,	e. IS RESIDENCE ON A FARM?
			rk Street	YES NO 🔯
3. NAME OF DECEASED (Type or print) KATIE	M BR	ANSON	4. DATE Month OF DEATH July 23,	Day Year 1958
H'emale I m I		B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
10a. USLAL OCCUPATION (Give kind of work done 10b		July 19, 1	867 91 "	0 2 12. CITIZEN OF WHAT COUNTRY
during most of working life, even it refired)			-	
HOUSEWITE 13. FATHER'S NAME		Washin 14. MOTHER'S MAIDEN NA		LUS
John N. Mitchell			I. Goodrich	
[Yes, no, or unknown] (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17 IN	FORMANT	Address	daughter
	25x None Mr	s. Geo. Vas	s-2022 Colora	do Rd. N. W.
18 CAUSE OF DEATH [Enter only one couse per I	line for (a), (b), and (c).]	1	1 100000	INTERVAL BETWEEN
IMMEDIATE CAUSE (o)	Carrollo 1	ranular	allace	41/20
DUE TO				179
Conditions, if ony, which (b).				· · · · · · · · · · · · · · · · · · ·
couse (a), stating the under-				
tying couse lost. (c)	· · · · · · · · · · · · · · · · · · ·			
PART II. OTHER SIGNIFICANT CONDITIONS 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIFE EITHER, NOTIFY MEDICAL EXAMINER;	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO M
	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Po	ort f or Part II of item 18.]	
20c. TIME OF INJURY Month, Day, Year 20d. White Day, Day, Day, Day, Day, Day, Day, Day,	\$ for all	CE OF INJURY (Home, farm tory, street, affice bldg., etc.)	20f (City or town)	(County) (State)
₹ p m. 19 of wo	Not white		0011	
21. I certify that I attended the decea	sed from Malle	1950 to	FULL 63123 X 1	hat I last saw the deceased
alive an	5X, and that death	occurred at 4:27	1 7	on the date stated above
lin Car	7)	A	DORESS (Street, city or town, stat	e) DATE SIGNED
ACTUAL SIGNATURE	CHRIPLE_N	4 D		*-*
PHYSICIAN'S Edgar E. Quayl	e (1822 Biltmo	re Street, N.	<u>W</u>	
220 BURIAL, CREMATION, 22b. DATE THEREOF PEMOVAL (Specify)	22c. NAME OF CEMETERY OR		22d LOCATION (City, town, or co	ounly) (Stote)
Buraal 7/26/58		ek Cemetery	Washingtor	1, -D/. C.
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrev	ADDRESS Rothondo Mar	- L a l	BY REGISTRAR 24 DEC STR	ACA SIGNATURE
Robert A. Pumphrey	Bethesda, Mar	ryland parmy !	2 4 '58	

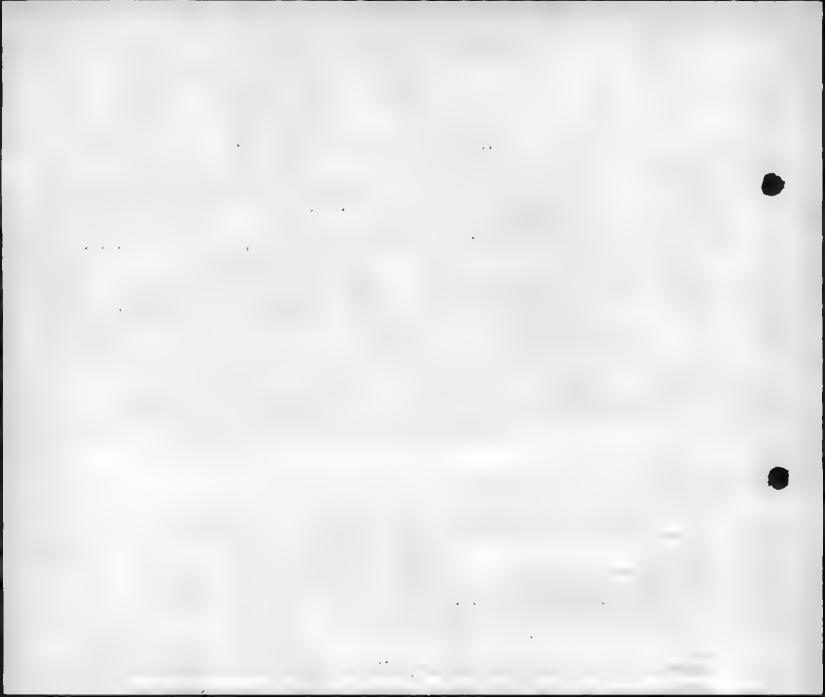
TO HOSPITAL OR ATTENDING PHYSICIAN: The low remainers that the death mertificate be executed within 21 hours ofter leath; Page 4 d in by the funeral director, I and 2 shauld be filed with may be retained by the haspital artified ging physicion.

TO FUNERAL DIRECTOR: After this contact that been signed by the attending physician and campletely page 3 should be detached for use the burial straint permit. Then please remove carbon papers. If the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the period of period in pencil in lent. 18. Give Pages 1, 2, and 3 to the functor defector. Page 4 shauld be forwarded to the C. Medical Examiner's Office along with form PM3. Page 5 may elatined for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with 5 state Baard of Health, at its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death.

DEPUTY MEDICAL EXAMINER: This

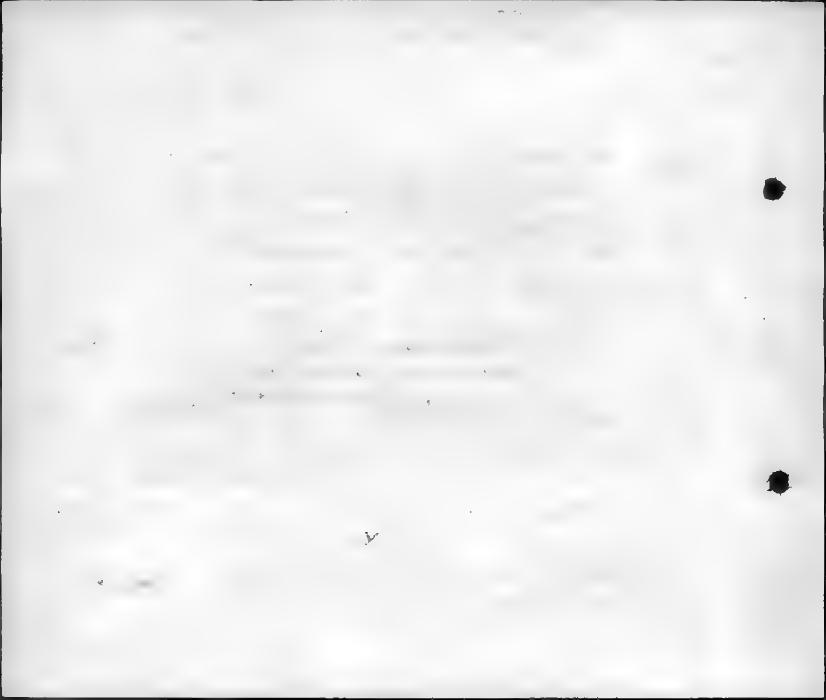
VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08077

8120 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

	1 !	LACE OF DEATH				- 11		(Where decease		ution. Residence b	refore odmission)
	ľ	Montgo	merv		MARYLANE	0.	STATE D.C.		b. COUNT	ſΥ	
	b	. CITY OR TOWN LITE and give necess town)		TO BUPAL	c. LENGTH OF STAY IN TE	с,	CITY OR TOWN	(If outside corp	orote limits, write	RURAL and give	nearest town)
		Bethesd a			7 d:ys		Was hi	ngton		7	
1	d	I. NAME OF HOSPITA	L OR INSTITUTION	(Finet in hospi	lal, give street address)	d	STREET ADDRESS			. , .	e IS RET DIN E
			<u>ban Hespi</u> i	al			5502 8	th Str	eet_N.W.		YES NO
	3, 1	NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE	Mont	th Do	y Yeor
	- 1	Type or print)	James		Α.	Brin	ker	DEATH	July	2	6_ 19 58
	5, S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B DATE	OF BIRTH		9 AGE (In years last birthday)	IF UNDER LYEA Months Days	R IF UNDER 24 HRS
		Male	_ White _	WIDOWED	DIVORCED []		/3/20		37 YES	Months Days	FIOURS MITT
1	10a d	USUAL OCCUPATION	N (Give kind of work life, even if retired)		ND OF BÜSINESS OR INDU		BIRTHPLACE (SIG	le or foreign co	puntry)	12 CIT ZEN	OF WHAT COUNTRY?
		Steel Fore	nan	Con	struction Co.		Pennsylv			Amer	ica
/	13.	FATHER'S NAME				14, M	OTHER'S MAIDEN	NAME			
	2.0		M. Brinker				Elizabet	h M. He			
	[yer		Il yes, give war or dates at		OCIAL SECURITY NO. 17.	INFORM	ANT		Address		
			NV II			ively	n Brink	er	S	ame	
		18 CAUSE OF DEATI	•	use per line fo	r (o), (b), and (c)]	-	^ ^			(N27 Q26	ERVAL MITUZEFA SET AND DEADLE
			I WAS CAUSED BY: MMEDIATE CAUSE (6) <u> </u>	ahnatus	4	raclic	el			tenzlory.
ادر		4	DUE TO	0.1	3 1 1	-		0			-
		Conditions, if on		CLL	ellefasi	אלי ט	oroth k	ours			
		gove rite to immedi (o), stating the us		7-01	usceling	spi.	ial con	1027	Telisle	100/1	128-
	7	couse lost.) (c	IDITIONIS CON	TRIBUT NG TO DEATH BUT	NOT PE	ATED TO THE TER				- Joseph
	CATION	TAKI II, OIN	A SIGNALEAN COL	DITIONS CO.	TRADE NO TO DEVINED	NOT REL	AILD TO THE IER	AUNAT DIDENDE	CONDITION GI	VEN IN PART I(O)	PERFORMED?
No.	S	20o. EXTERNAL CAUS	E WAS 2	Ob DESCRIBE I	HOW INJURY OCCURRED	(Enlar not	was of income to the	and I am Road II	-4 1411		TIS MI NO L
	CERTIF	PRIMARY OF CON	TRIBUTINGY						,	_4.2	
e la	MEDICAL	20c TIME OF INJURY	Month, Day, Ye	or 704. IN	12 feet from	ACE OF I	NJURY (Home, fo-	m. 20f. (City	or town)	(County)	(Store)
	VED.	8:30 em	774 19	58 of work	Page 1101 Page 1	itary, stre Li lai i	et, office bldg , el		-177- M		n Ma
i	*		1,8,9	454	mains described ob					ontgomer	
					uses . Accident	media.	Suicide 🗍.			rmined monr	
		1				A	,لیا		C. Olidera	THING TOUR	
		ACTUAL SIGNATURE	and On 1	3200	-hart	M D	CHIEF MEDICAL	EXAMINER [n. 4	DATE SIGNED
			77			mary 2 111 Card	ASSISTANT MEDI	CAL EXAMINE	· 🗖	Jouly	6/26/58
g Car		EXAMINER'S FTE	ink J. Bro	schart			DEPUTY MEDICA	EXAMINER (3	مہ ں	
	220	RURIAL, CREMAT ON PEMOVAL (Spec ly)	226. DATE THERE	Of 2	2c. NAME OF CEMETERY O	R CREMA	TORY	27d. LOCAT	TON (City) lown,	or county)	(Sigte)
	1	BURLAR	11-29	-38	aring	Love	nat-		rlen	glon	Va
	23	FUNERAL DIRECTOR S	SIGNATURE		ADDRESS		4	C'D BY REGISTI	()	STRAR'S SIGNATU	7
	12	wal Her	resul Ho	ores 2	1.612 Ju. C.	us t	DATE	JUL 3 1	'58 W	- loui	· · · · · · · · · · · · · · · · · · ·

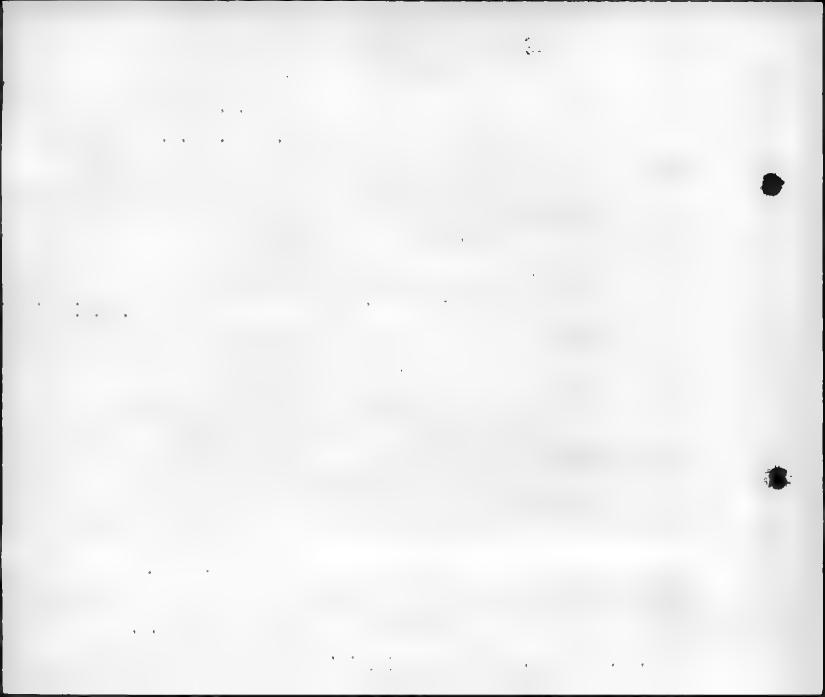


OTOT	Reg. Dist. No.							
1. PLACE OF DEATH o COUNTY	2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. STATE b. COUNTY							
MONTGOMERY MARYLAI	NO							
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
RURAL and give nearest town) RURAL ROCKVILLE	Washington, D.C.							
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e 15 RES DENCE							
WAVERLY SANTUARTIM	2915 Conn. Ave., N.W. ON A FARM?							
3. NAME OF First Middle DECEASED (Type or print) GENEVIEVE	BROWN DEATH JULY 12 19 58							
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	2 /1 0 /1 979 log birthdoy) Months Dovs Hours Mun							
FEMALE WHITE WIDOWED DIVORCED]]/ ±0/ ±0/0							
100 USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR I Retired) Retired Govit. Clerk								
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Albertus McCreary	Emma Miller							
	17, INFORMANT Address							
no f yes, give war or dates of service) 579-34-978	Mrs. Margaret Wilkerson-2915 Conn. Ave. 1							
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY: a cute es	ngestive Heart Failure ONSET AND DEATH							
1420. Due to								
0000	contone he & Deres 10 ms							
gove rise to immediate (b) Conductive (c)								
tying couse tost. DUE TO Senerali	jed arteriorcleroses 10 yr							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED?							
3 Essential Kypertension	, Cerebral enfarchs. YES NO THE							
200 ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCUPANTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED (Enter nature of injury in Part I of Port II of item 18.)							
	le. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)							
Hour o. m. White Not white	le. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) fectory, street, office bildg., etc.)							
₹ p. m. 19 of work □ of work □								
21. I certify that I attended the deceased from January	Ruy , 1948, to 7/12 , 1958, that I last saw the deceased							
alive on 7/12 1958 and that de	eath occurred at 5:03 P.M. from the causes and on the date stated above							
ADDRESS (Street, city or lown, stote) DATE SIGN								
SIGNATURE Paul K. Wilne	7 M.D. Shoreham Hotel, Wash D.C.							
SIGNATURE OCCUPY OF THE SIGNATURE	7 M.D. DITOPORTER ROLET. WASh. D. C.							
PHYSICIAN'S PAUL R. VVIL	NER							
220 BURIAL, CREMATION, 226. DATE THEREOF 224 NAME OF CEMETE								
500 1 1 1 7/15/1958 Rock Cree	ek Cemetery Washington, D.C.							
23. FUNERAL DIRECTOR'S SIGNATURE								
The S. H. Hines Co Washington.	D. C. N. W. DATE JUL 1 5 '58 Will south							
Washington	D. C. IDAIE							

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 led in by the funeral director, I and 2 shauld be filed with may be retained by the haspital are chending physician.

TO FUNERAL DIRECTOR: After this completely page 3 shauld be detached far use earne burial-transit permit. Then please remove carbon papers if the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

VS A15 (4) ISM 9/SS



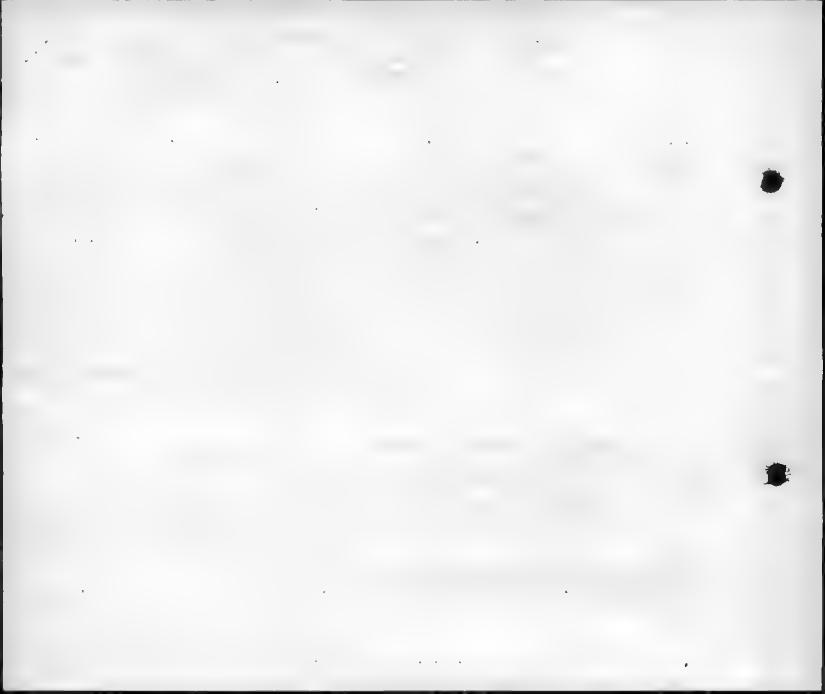
W.

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	8122	CERTIFICA	ATE OF DEATH	1	· · · · · · · · · · · · · · · · · · ·	Reg. Dist. N	8()7	'9 5
1. PLACE OF DEATH O COUNTY	ontgomery	MARYLAND	2. USUAL RESIDENCE (WHO STATE Mar vl	100	d lived If institution b. COUNTY	n. Residence be	fore admiss	sion) =
6 CITY OR TOWN (I	f outside corporate limits, write	c LENGTH OF STAY IN 16	E. CITY OR TOWN (IF o	-	orote limits, write RL	JRAL and give n	learest town	n)
RURAL ond give ne Bethesda (R	_ N	3 Days	Balti	more		<i>y</i>	1	
d NAME OF HOSPIT	AL (If not in hospital, give street Hospital, Bethe	nddress)	d STREET ADDRESS 3027	Hamil	ton Ave.,	1		SIDENCE A FARM?
NAME OF DECEASED (Type or print)	Harvey	Middle Hobson	lost BRYAN	4 DATE OF DEATH	Moni July		56	Yeor 19 58
sex Male	6 COLOR OR RACE 7- MARR		B DATE OF BIRTH 22 Oct. 1897	,	9. AGE (In years last & rihdoy) 60 yrs	Months Days		
Do USUAL OCCUPATIO	ON (Give kind of work done 10b ing life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slole	or foreign c	ountry)	12. CITIZEN	OF WHAT	COUNTRY
Mariner	ing me, creat it terried;	U.S. Navy (Ret	tired) Nort	h Car	olina		U.S.	
3 FATHER'S NAME			14 MOTHER'S MAIDEN N	IAME				
Winfield B	RYAN		Anne ASKEW					
	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17	NFORMANT		Addri	PIS		
Yes WW-I		nknown Of	ficial Navy F	lecord	S			
Conditions, if or gove rise to it couse (a), stating lying couse last.	mmediate the under-	U	he morrha			L	4 cla	now
	ER SIGNIFICANT CONDITIONS C					EN IN PART 1(o)	PERFO	AUTOPSY DRMED?
	CAUSE OF DEATH MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D (Enter nature of injury in F	ort 1 or Par	f II of item IB.)			
20c. TIME OF INJUR Hour o. m. p. m.	While	IJURY OCCURRED 20e. PL Not white for or work	ACE OF INJURY (Home, farm, clary, street, office bldg., etc.	, 20f. (Cit)	or lown)	(Count)	r)	(State)
21. I certify the olive on 26 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	r & Mc Cler		occurred at 5:451	M, from	n the causes at treet, city or town, s ital, Bei	nd on the d	ate state b. Md .	
20. BURIAL CREMATOR REMOVAL (Specify) Bur 181	N, 225 DATE THEREOF 7-31-58	22c. NAME OF CEMETERY O Arlington Nat			ington, \		(Stot	e)
W.W. Chambe	deller 2 th	St. N. W. Wash	ington, D. Die JU	BY REGIST	TRAR 245 REGIS	LEGUEL	URE	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



should FUNERAL O VS A15 (4) 15M 10/S7

INTERVAL BETWEEN PERFORMED? YES A NO T (County) (Stole) July 17, 19 58 that I last saw the deceased 58and that death accurred att: 33 P.M. fram the causes and an the date stated abave. DATE SIGNED ACTUAL SIGNATURE 18/58 The Clinical Center National Institutes of Health Robert D. Bloodwell. M. PHYSICFAN'S NAME (Type) Rethesda LL. Maryland 22 BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246. REGISTRAR S/SIGNATURE DATE

nsusu

e IS RESIDENCE

YES THO A

10

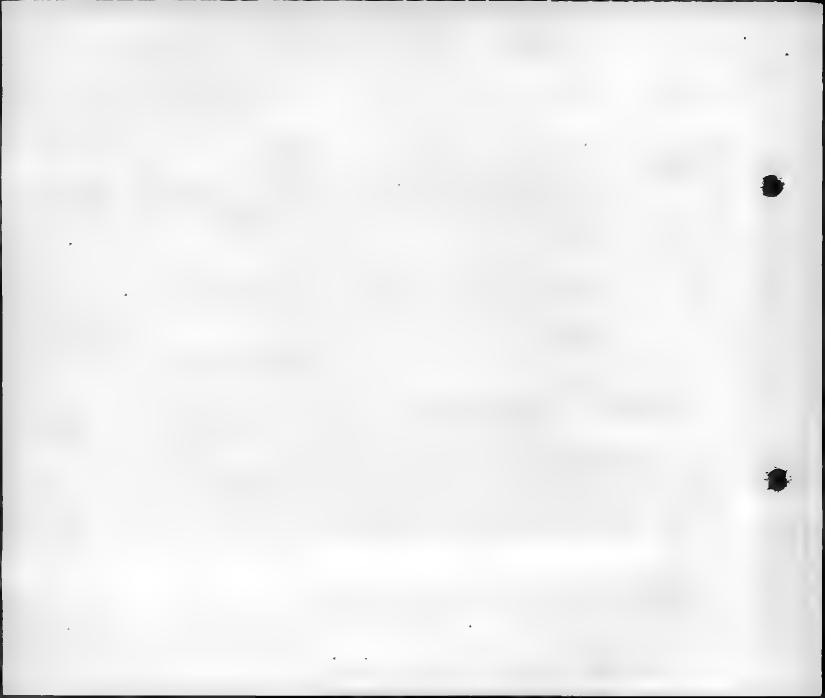
Dovs



DATE

Juil 6

within 24 hours ofter death. Page O HOSPITAL OR 15M 9/55



death.

HOSPITAL

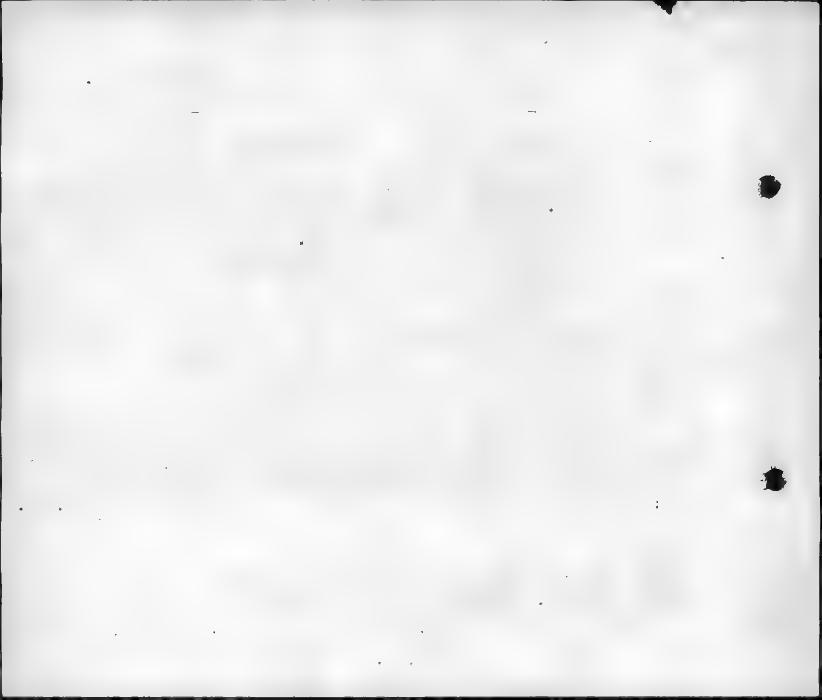
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



♥S, A15ME 5M 2, 57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8126 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

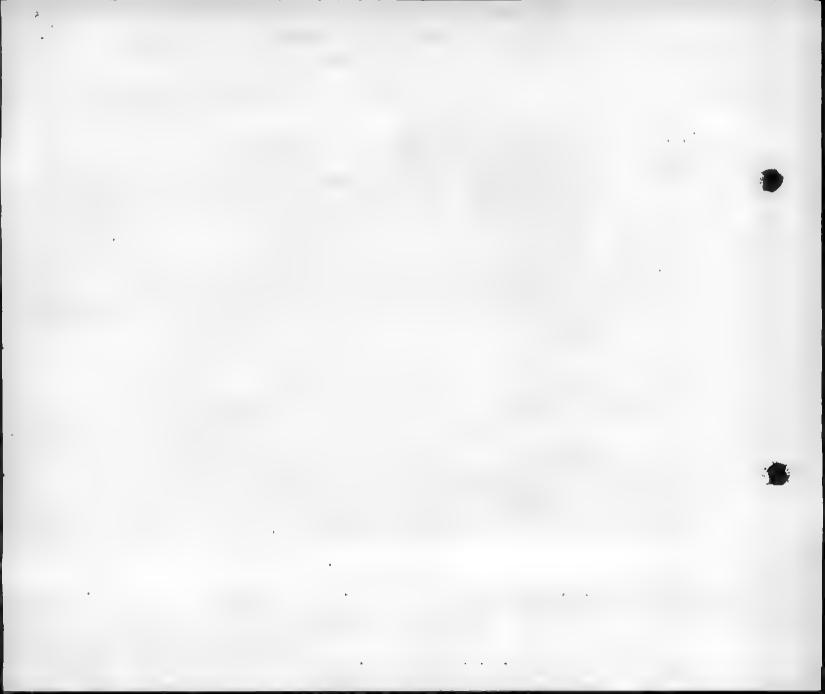
	Keg. Dist. No.
PLACE OF DEATH SO. COUNTY MONTGOMERY MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o STATE Maryland b. COUNTY Montg.
Galthersburg, R-1.	Gaithersburg, Ral
Near Laytonsville	d STREET ADDRESS Near Laytonsville **S RES Dis ON A FARM YES NO PROPERTY N
3 NAME OF DECEASED (Type or print) Robert Clyde Carter	DEATH July 7, 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	8 / 16/49 9 AGE In years IF UNDER TYEAR IF UNDER 24 HE 8/16/49 9 AGE In years IF UNDER 19/4 A Hours Min
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during mother religions (i.e. even if refired)	TRY 11 BIRTHPLACE (State or foreign country) 12 CETIZEN OF WHAT COUNTR USA
13. FATHER'S NAME Korris Carter	14. MOTHER'S MAIDEN NAME Coleste Jackson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 (Yes, no. of withnown) (If yes, give wor or do'es of se v.ce)	Mother Address
PART I. DEATH WAS CAUSED BY Lectrocution MARCHINE CAUSE Death MARCHINE Death MARCHINE Death MARCHINE Death MARCHINE Death Death	INTERVAL BETWEEN ONSE BURGOON
Cenditions, if any, which gove rise to immediate couse (a), stating the underlying course lost	
PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART I(a) IF. WAS AUTOPS' PERFORMED' YES NO
FRIMARPEL OF CONTRIBUTING L.	Enter nature of injury in Part I or Port II of them 18)
3 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLA	cacted live hanging while crossing (CE OF INJURY (Home, form, 20) (City or town) (County) (State)
	lighway Laytonsville, Montg. Mo
21. I certify)hat I took charge of the remains described obto opinion death resulted from. Natural causes	
SIGNATURE Tranh Q. Brownheats	M D CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Frant Proceedings	ASSISTANT MEDICAL EXAMINER 7/7/58
PANOVAL (Specify) Burial CREMATION 72% DATE THEREOF 22% NAME OF CEMETERY OF BURIAL CREMATION 7/9/58 Brooke Grove	R CREMATORY 22d. LOCATION (City, town, or county) (Slate)
23 FUNTRAL DIRECTOR'S SIGNATURE ROCKVILLO, Md.	DATE JUL 1 1 '58 246. REGISTRAR'S SIGNATURE



Reg. Dist. No. 215

467												
	1 PLACE OF DEATH • COUNTY	Montgomery		MARYL	- 11	o. STATE South		ina ^{b. COUNTY}	an. Residen	ce before	e a dmissi	ion) V
	Bethesda (F			ENGTH OF STAY II	N 1b	Beauf		rote limits, write RI	JRAL ond s	jive hear	est town	1
1	U.S. Naval	Hospital, Bo	e thesa	a, Maryla	and	d street ADDRESS Ladie	's Isl	and		ė		IDENCE FARM? NO
	3 NAME OF DECEASED (Type or print)	first June		Matlov	N.	Losi CHAMPION	4 DATE OF DEATH	Mon Jul		Doy 27		19 58
	5 SEX	6 COLOR OR RACE 7	MARRIED	NEVER MARRIES	BE	ATE OF BIRTH			IF UNDER		IF UNDE	R 24 HRS
	Female	White v	WIDOWED [DIVORCED		7-12-1900		lost birthdoy) 58 yrs	Months	Days	Hours	Min
)	Housewife wor	ON (Give kind of work do- king life, even if retired)		of Business or None	INDUSTRY	11 BIRTHPLACE (Stote New Yorl		ountry)		U.S.		COUNTRY
	13 FATHER'S NAME				1	MOTHER'S MAJDEN I	NAME					
	Maxillian 1	WOLIFAN			1	Rebecca MAN	N					
	15 WAS DECEASED EVE	R IN U.S. ARMED FORCE		AL SECURITY NO	17 INFO	RMANT		Addr	ess			
	No			nown	(Hus	oand) Carle	ton C.	CHAMPIO	N, Jr	. (Sa	me A	16 #2
		ATH [Enter only one cous ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO	See per line for	(0), (b), and (c)]	2000	d'offer.	my Lo	y.	- Cer 41		RVAL BE	
	gove rise to i couse (o), stating lying couse lost.					of tring	2 6 -1	10				
2	PART II OTI	HER SIGNIFICANT CONDI	TIONS CONT	RIBUTING TO DEAT	TH BUT NO	RELATED TO THE TERMI	INAL DISPAS	E CONDITION GIV	EN IN PART		PERFO	
		AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCRIBE	HOW INJURY OC	CURRED (I	nter noture of injury in	Port I or Port	I (I of item 18.)				
	ZOC TIME OF INJUITED HOUR P. m.	Y Month, Day, Year 19	While	Not while of work	Oe PLACE foctory	OF INJURY (Home, form, street, office bldg, etc	.) 20f. [City	or town)	(C	County)		(Stote)
	21. I certify It alive on 27	at lattended the d	leceased f	ram 2 July	death ac	. 19 58 to 2' curred at 1: 42P	*_M, fron		nd an th	last sav	w the	deceased abave
/	ACTUAL SIGNATURE	130,	4/12	sexe ft	M.D.	U.S. Naval				, Md	. 7-	-28-5
*	PHYSICIAN'S NAME (Type)	в. с. јони		CDR MC US		U.S. Naval				, Md		
	REMOVAL (Specify) Burial	7-29-58	- 1	ath Yesh		Cemetery	_	touse, Ne		k,	(Stole	4
	23. FUNERAL DIRECTOR		yts.	ADDRESS L. Machine	ton D	246. REC'I	D BY REGIST 2 9 '58	RAR (BU) PEGEIS	TRAR'S SIC	MATURE	1	

d in by the funeral director, I and 2 should be filled with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within III hours after death. Page II Vanding physician.
Late has been signed by the attending physician and completely take burial-transit permit. Then please remave carbon papers. Pin, or remaval, and in any event within 72 hours after deeth. may be retained by the hospital or 20nd; TO FUNERAL DIRECTOR: After this case to page 3 should be detached for use 52 the the registror prior to burial, cremation, or VS A15 (4) 15M 10/57



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8128 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

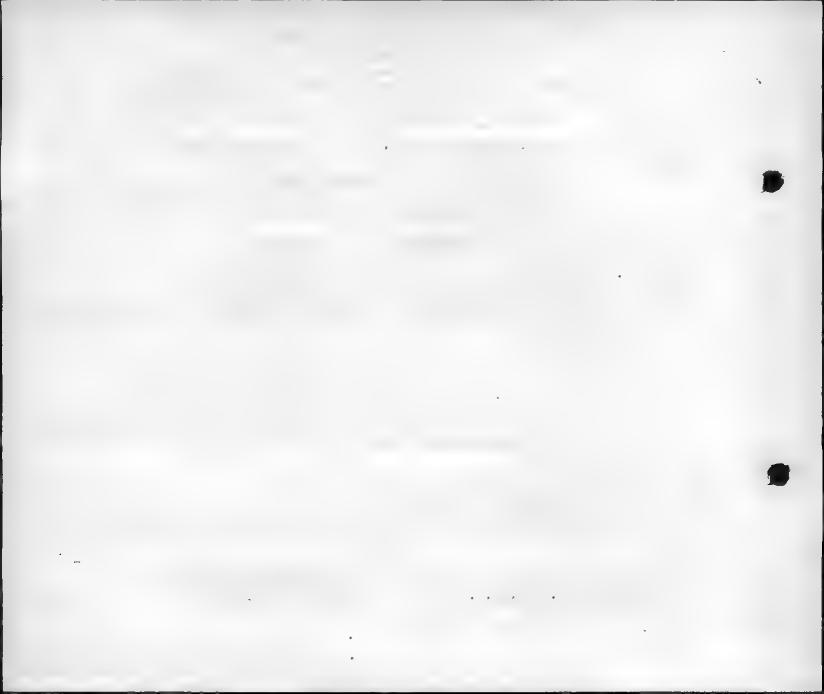
Reg. Dist. No.

5								
	1. PLACE OF DEATH o. COUNTY Monts	gomery	MARYLAND	2. USUAL RESIDENCE (WA	ere deceased lived	COLLEGE -	ontgone	
)	b. CITY OR TOWN (If outside a RURAL and give nebrest lower Chevy Chas	corporate limits, write	9 Years	Chevy	utside corporate limi	its, write RURAL	and give nearest t	own}
,	or Institution 5506	on the spiral, give street and Montgome		5506 Monte	gomery S	treet	(01	RESIDENCE
	(1)	GEORGE		APPELEAR	4. DATE OF DEATH	July	Day 4,	1958
	Male Wh:	ite WIDOWED	DIVORCED DIVORCED	May 13, 188		(In years IF UI birthday) Mor	NDER I YEAR IF UI	
		kind of work done 10b. Ki even if retired) Bd.Deposit		Marylar	nd	12	CITIZEN OF WE	
			Chappelear		Burch			
\	15 WAS DECEASED EVER IN U.S. (Yes, no or unknown) (If yes, give			rs. A. F.Kei		Address Same	as Ite	m #2
)		CAUSED BY:	17	vainemalo	· · · · · · · · · · · · · · · · · · ·		ONSET A	BETWEEN ND DEATH
	Conditions, if ony, which	(0) 48	lencione	inoma	Jen	in-	23	ern
	cause (a), sloting the <u>under</u> lying cause lost.) (c)		- any l	or on-			
	PART IF OTHER SIGNI 200. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSS (IF EITHER, NOTIFY MEDICAL	FICANT CONDITIONS CO	NTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN	PER	S AUTOPSY PORMED?
		E OF DEATH EXAMINER)	NBE HOW INJURY OCCU rr i	O (Enter noture of injury in I	Port I or Part II of its	em 18.)		
	20c TIME OF INJURY Month Hour o. m. P. m	, Day, Year 20d, INJ While at work [Not while fo	ACE OF INJURY IHome, form clary, street, office bldg., etc.	, 20f [City or town	1)	(County)	(State)
	21. I certify that I attacked alive on R. F.	ended the deceased		1953, to	M, fram the	causes and a		ated abav
	ACTUAL SIGNATURE NAV	en BV	Sunch		ADDRESS (Street, city treet, S			DATE SIGNE -4-58
<i>}</i>	PHYSICIAN'S WARF	REN B. BUR	СН	Washingt	ton, D.	C.		
	Burial, CREMATION, 22b. 18 Burial 7-	7-58	22c NAME OF CEMETERY C		22d location (Ci			yland
	23 FUNERAL DIRECTOR'S SIGNAT ROBERT A	PUMPHRE	ADDRESS	240 REC'I		246 PEGISTRAN		

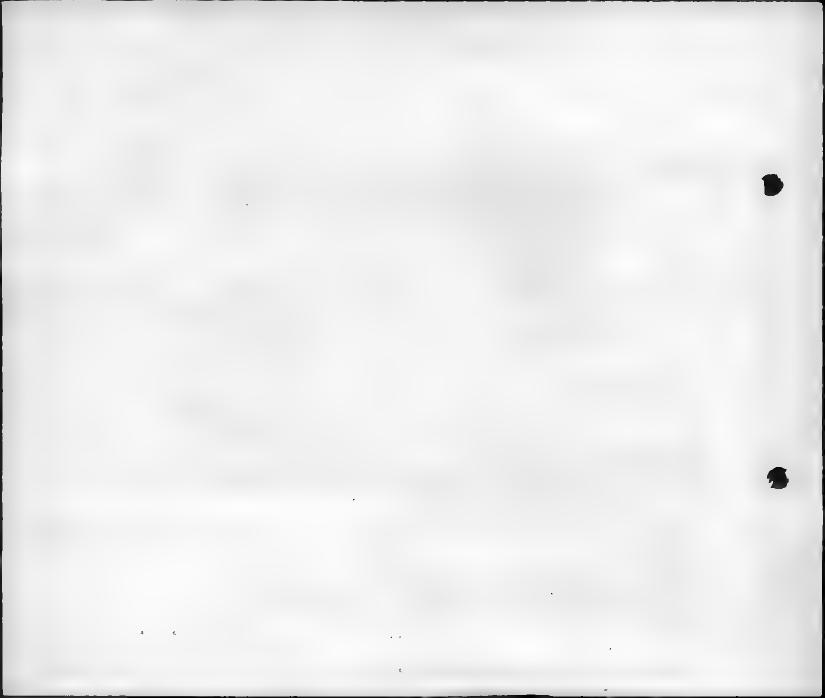


I	ems 16 &	199Film G	231	7/21 CERT	IFICA	ATE OF D	EATH			-	Reg. Di	st. No.	00	0017
1.	PLACE OF DEATH O. COUNTY MO	ntgomery		MAR	YLAND	2. USUAL RESIDE	_	re decease	d lived If in b CO		Resider	nce befo	re admiss	non)
	b CITY OR TOWN (III	outside corporate fimi	ls, write	C. LENGTH OF STAT	/ IN 16	c CITY OR T	OWN (If ou	itside corpo	rote limits, w	rite RUR	AL ond	give nec	rest town	1) /
	Bethesda	orest fown)		h0 day	s	Palr	mer He	dehts	3		٠.,	X		
-	d NAME OF HOSPIT	AL (If not in hospital, g	ive street			d STREET A		, <u> </u>				ì		IDENCE
	OR INSTITUTION	cal Center	. Bed	theeds 1h.	Md.	899	6 Lazan	hatter	Stre	at:				NO P
3	NAME OF	Fir		Middle		los		4 DATE	1 0010	Month		Do		Year
	DECEASED (Type or print)	Car		Thuli		Christe	1	OF DEATH		July		_	,	19 58
5	SEX			HED NEVER MARR	p.m.	8 DATE OF BIRTH			9 AGE (In					ER 24 HRS
	Male	White	WIDOW					122	lost birth	doy)	Months	Doys	Hours	Min.
100		NILLUG				August 2) <u>)4</u>	yrs	12 01	TIZENI C	E MANA 1	COUNTRY?
	during most of work	ing life, even if retired)						outiny;		1.2			COOMINIT
12	Salesman FATHER'S NAME			Publishin	<u>g</u>		Denmar					U	SA	
13.						14. MOTHER'S								
		Christense					Andrea							
		RIN U.S. ARMED FOR		SOCIAL ELONDIA HI	3417 11				Recor					
	Yes	II WW	Uni	ascertaina	ble	The Cli	nical	Cente	er, Be	thes	da 1	_ويايا	Mary	land_
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c)	1								RVAL BE	
	PART I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE to)	Perito	ut	21						2		2~3
	110x	DUE TO											-4	
	Conditions, if or	ny, which) (b	, ī	Dundou	1	Pourt	-	Line -					11	
	gove rise to in couse (o), storing I	nmediate (
	lying couse last	ne unger-	, He	tostatic	Eur	LUYBUR	1 Cel	11 Co	of 7	251	15	17	¿ ye	rs
Z	PART II OTH	ER SIGNIFICANT CON		ONTRIBUTING TO DE								77 1(o) 1	P. WAS	AUTOPSY
Ě														RMED?
CERTIFICATION	200. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY C	CCURRE	D (Enter noture of	f injury in Pa	ort I or Par	t II of item 1	8.)			100 (2)	
CERI	OR CONTRIBUTING	CAUSE OF DEATH								,				
100	20c. TIME OF INJURY		or 20-4 H	NJURY OCCURRED	20a PL	ACE OF INJURY (Home form	206 (C)	e de taual			Maria de la		46.4-4-1
MEDICAL	Hour a.m.		White	Not while	foc	ctory, street, office	bldg , etc.)	120 (Cil)	or iowil		'	County)		(Stote)
ž	p. m.	19	of wor		1			1	- 4	-10				
	21. I certify the	at I attended the	deceos		ne_6_		, to	July	16 , 19	58,	that I	last so	w the	deceased
ı	alive on	fuly 16	, 19_	8 , and that	t death	occurred at	5:30 A	M, from	n the cau	ses an	d an t	he da	te state	ed above.
	/	1)1	0 /	101.					treet, city or					ATE SIGNED
	ACTUAL SIGNATURE	Tlehours	0 6	1 VIAger		M.D. The	Clini	ical (Center			- 7/	16/5	88
		,	v	X		Nat:	ional	Inst:	Ltutes	of	Heal	th		
	PHYSICIAN'S Ric	chard H. Mc	y, M	.D. V					Maryla					
220	BURIAL, CREMATION	N, 226. DATE THEREC		22c. NAME OF CEM	NETERY OF				TION (City, I		cauntyl		(Stot	e)
Bu	REMOVAL (Specify)	nei+ 7-1	8-58			_			7elan			Ohio		
	FUNERAL DIRECTOR'S			ADDRESS			24a REC'D				RAR'S SI	GNATUI	16	
	ROB ERT	A. PUMPHI	REY	Bethes	da,	Md.	DATE II			1			V .	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 200 din by the funeral director, I and 2 should be filed with may be retained by the haspital ar Arter this contact that the attending physician and completely page 3 should be detached for use C. The buriof-transit permit. Then please remave carbon pagers the registrar prior to buriof, cremation, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15ME 5M 2,57

		Kug, Visi. No.
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased fixed If institution; Residence before admission)
	a. COUNTY MORTGOMOTY MARYLAND	o STATE Maryland b. COUNTY Montg.
	b. CITY OR TOWN Is out de corporate limits write RURAL C. LENGTH OF STAY HY 16	c. CITY OR TOWN (If outside corporate 1 mits, write RURAL and give nearest town)
	ond give rearest town) Rockville	Reckville
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d STREET ADDRESS . IS PESIDEN F
	207 E. Argyle Ave., Apt. 8	207 E. Argyle Ave., Apt. 8
٥.	NAME OF DECEASED First Middle Office	OF DEATH July 12, 1958
5.	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8	
	male white WIDOWED DIVORCED	6/27/58 Months Pays Hours Min.
10	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY
1	during most of working life, even if refired)	D.C. USA
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ν.	Tames Coady	Caryl Breetberde
		NFORMANT Address
	n, no, as unknown) if yes, give was as dates of service)	Mether
		INTIRVAL BETWEEN
	TRACTIL DEATH (Enter only one couse per line for (o), (b), and (c)]	ONSET AND DEATH
	PART I, DEATH WAS CAUSED BY: Total title Total	commonia, history. Envara - Found clead,
	/ 5. (1) DUE TO	in heal.
	Conditions, if any, which) (b)	
	gave rise to immediate cause (a), stating the underlying DUE TO	
	coure fost (c)	
CATION	PART IN OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT IN	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES 178 NO 1
15	200. EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (inter noture of injury in Part I or Part 11 of item 18)
L CERTIF	PRIMARY () or CONTRIBUTING () CAUSE OF DEATH.	
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d, INJURY OCCURRED 20e PLA	CE OF INSURY (Home, form, 20f. (City or town) (County) (State) ory, street, affice bldg., etc.)
73.2	Hour a.m. p. m. 19 at work at work	
П	21 I certify that I took charge of the remains described abo	ive, held an Autapsy 🛣, Inspection 🗌, Inquiry 🗍, wind in my
	opinian death resulted from Natural causes X. Accident	, Suicide , Homicide , Undetermined manner
	1-	ugai' <u>Sual</u> / buya' buya
	ACTUAL TORGET A Brong to a ser	CHIEF MEDICAL EXAMINER (*)
	SIGNATURE FREEZE SIGNATURE -	ASSISTANT MEDICAL EXAMINER
	examiner's NAME (Type) Frank J. Broschart	DEPUTY MEDICAL EXAMINER July12, 1958
77	O BURIAL CREMATION 226 DATE THEREOF TO NAME OF CEMETERY OR	CREMATORY 72d LOCATION (City lawn, or county) (Stote)
	BUSINES JUSTE Wate	of Heaven Silver Spring, mal.
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	lel Inta Gartherson	es Ma DANUL 1 6 58 Mill sauch



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours ofter death. Page 4

may be relained by the haspital or official physician.

TO FUNERAL DIRECTOR: After this celebrate has been signed by the attending physician and campletely page 3 shauld be detached for use don't burial-transit permit. Then pieces remove carbon papers. Post he registrar prior to burial, cremation, or removal, and in any event within 72 hours offer depth.

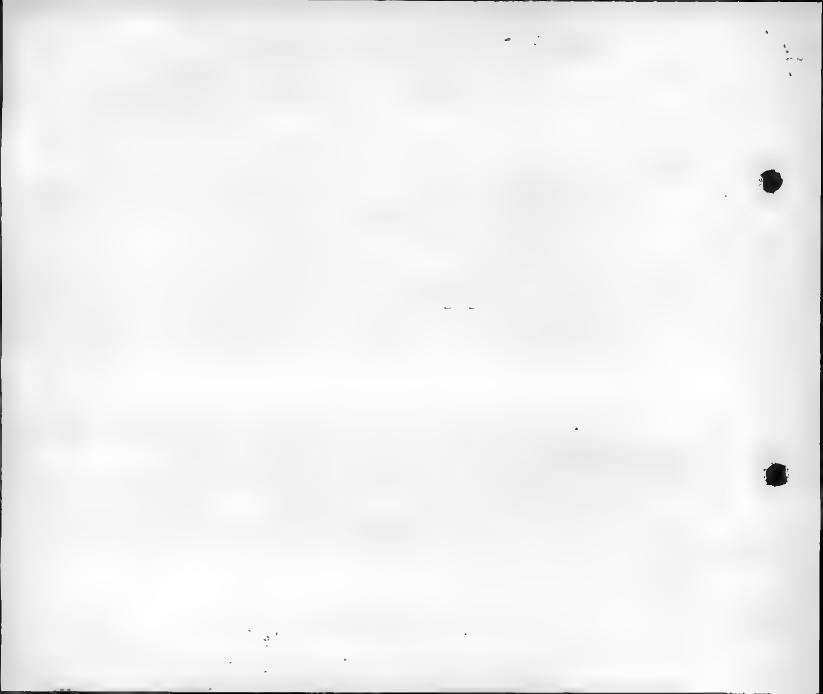
VS A15 (4) 15M 10/57

in by the funeral director.

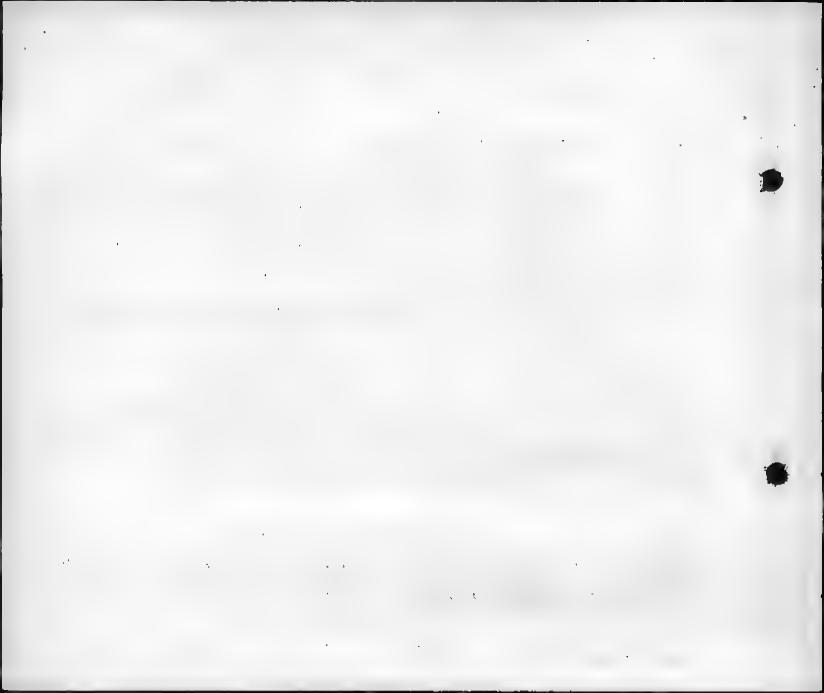
CERTIFICATE OF DEATH

Reg. Dist. No.

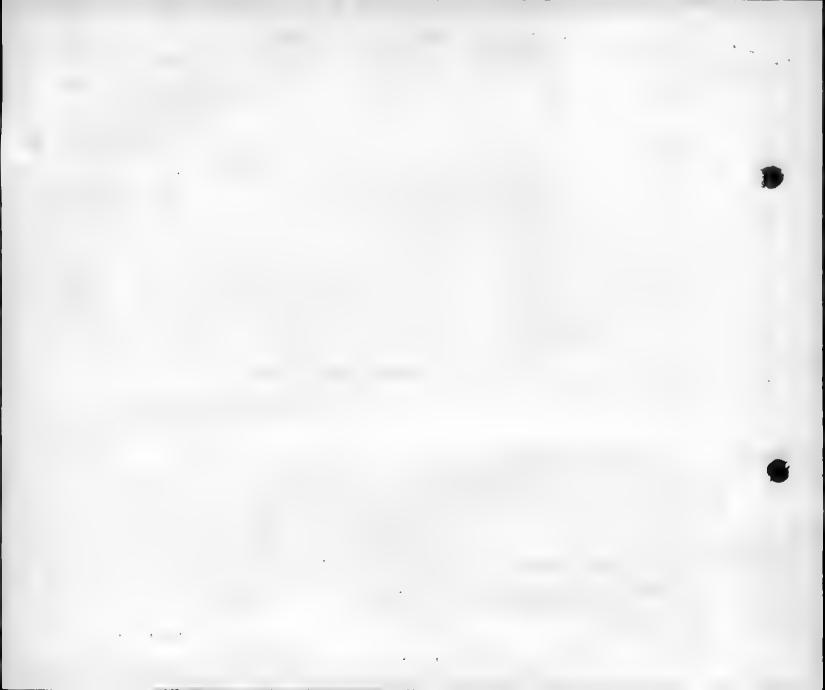
-										
1.	PLACE OF DEATH COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. STATE b. COUNTY								
	Miortaning Cu	naky land MONTGOMERY								
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
17	Tabana tark need to	5 8 1 100 Bring								
H	d NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE								
	OR INSTITUTION	ON A FARM?								
Li	Cushinston SanitaRlum + Hospidal	122 Dastmouth Ave YES NO 8								
3.	NAME OF First Middle	Lost 4. DATE Month Doy Year								
	OF CEASED (Type or print) France T GORDON XXXXXXXX	Caran DEATH July 23 1958								
5.	SEX 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In yours IF UNDER LYEAR IF UNDER 24 HRS								
	/ Plystern E	1810 Line L. 14 1890 Loc Vis								
10.	USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDU	111000001111111111111111111111111111111								
· v	during most of working life, even if retired)	STATE THE BIRTHPLACE (STORE OF FOREIGN COUNTRY)								
À	Pews Stand over 100 OWN BUSINESS	Vieginia 71.S.A.								
13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	Lucian D. Cogan	Sonia Ceosen								
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (es no, or unknown) [18] year, gave wor or dollow of service]	INFORMANT Address								
	A STATE OF THE STA	RS. Esther B. Coran Sume as abo								
	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]	INTERVAL BETWEEN								
	PART I, DEATH WAS CAUSED BY	LONG WARA CARCILLARAN ONSET AND DEATH								
	IMMEDIATE CAUSE (6) / FLOCULOUS CONTROL CONTRO									
	400.0 DUE TO DE TO 11 + 800 11 11 11 11 11 11 11 11 11 11 11 11 1									
	Conditions, if ony, which) (b) Welling a cole	river Heart Disease 4 years								
	gove rise to immediate (9								
	Couse [a], storing the under-									
7										
٥	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED?								
3	rephrosclerosis	YES NO								
E	206. ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part 1 or Part II of item 18.)								
CERTIFICATION	200. ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)									
		ACE OF INJURY (Home, form, 20f (City or town) (County) (State)								
MEDICAL	Hour o. m. While Not while fo	ctory, street, office bldg , etc.)								
×	p. m. 19 of work of work									
	21. I certify that I attended the deceased from Sully	1954; to 744 23, 1958; that I last saw the decease								
	7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2									
	alive an, and Mat death									
	1 19 11 12 C1	ADDRESS (Street, city or lown, stole) DATE SIGNE								
	SIGNATURE Russell B. Urnola	MO 880/ Cote swelle x oak, 1/23								
	PHYSICIAN'S DUESTILL BANKS AM	D Cilve Sorriges M. C.								
	NAME (Type) NUSSELL D. ANDOLA M.	in security of the second								
22	P. BUR AL, CREMATION, 276. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d LOCATION (CVy town, or county) (State)								
	BURIAL 7/26/58 FT. LINCOLN C	EMETERY PRINCE GEORGE COUNTY, MD.								
23	_FUNERAL DIRECTOR'S SIGNATURE / ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE								
1	Maruer to Tumphrey SILVER SPRING	MD. 111 2 E '58 000 / 200 /								
1	7)	DATE JUL 23 30 COM EACON								



aurs after death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH director, Red with 1 PLACE OF DEATH Montgomery County 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission · COUNTY o STATE b- COUNTY MARYLAND eral be fi CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should FAR. CMA LV95HINCTON d. NAME OF HOSPITAL (If not in haspital, give street address) 15 RESIDENCE OR INSTITUTION ON A FARM appe HAVEN REST YES NO! NAME OF Middle 4. DATE Month Dov DECEASED CLIZABETH COSTELLO 1/2/2/ (Type or print) DEATH 10 5 S. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH MHITE WIDOWED N DIVORCED | 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) ALLSE WIFE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 后 PLICHARO WIRTHINGTON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO 17 INFORMANT (Yes, no or unknown) 61.76. 17/163 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY (61818191 IMMEDIATE CAUSE (o) JJIX DUE TO Conditions, if ony, which ' gove rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOL 19 WAS AUTOPSY PERFORMED? YES IN NO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) 20c. TIME OF INJURY Month, Day, Year Not while 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20d INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. in. While of work of work 21 I certify that I attended the deceased from 1926 1925 that I last saw the deceased and that death occurred at 3. Supply from the causes and on the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE 3 shoul PHYSICIAN'S FUNERAL NAME (Type) 220 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Bu temomy have 7/5/58 Private Cemetery Logan ounty. 23 FUNERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Robert A. Pumphrey-Bethesda, Md. VS A15 (4) 15M 10/57 158



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8132 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) a. COUNTY b. COUNTY O. STATE files. Heolth, MARYLAND b. CITY OR TOWN JE only c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest lawn). d NAME OF HOSPITAL OR INSTITUTION III d. STREET ADDRESS 3 NAME OF M'ddle DATE DECEASED OF DEATH (Type or print) AGE (in your 5 SEX 6 COLOR OR RACE IF UNDER TYEAR IF LINDER 24 HP MARRIED NEVER MARRIED 18. DATE OF BIRTH DIVORCED [7] WIDOWED IV JUSUAL OCCUPATION (Give kind at wark done 10b KIND OF BUSINESS OR INDUSTRY tyring most of working life, even if retired) 11 BIRTHPLACE (Slate or foreign country) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME IN U. S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (If yes, give war or dotes of service) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which; gove rise to immediate couse DUE TO (c), stating the underlying cause lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19, WAS AUTOPSY 20d. EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING () CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 26c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, form, 20f. (City or town) factory, street, office bidg., etc.) Hour a.m. Not white al wark 🗍 al work 📋 21. I certify that I taak charge of the remains described above, held an Autopsy [], CTOR opinion death resulted fram: Natural causes X, Accident , Suicide . Homicide . Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER P G SIGNATURE should be ASSISTANT MEDICAL EXAMINER IT

INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO W (County) (Slote) Inspection [30] Inquiry [3], DATE SIGNED 22d LOCATION (City, town, or county) Silver Spring, Maryland 246 REGISTRAR'S SIGNATURE

DEPUTY MEDICAL EXAMINER TO

24a, REC'D BY REGISTRAR

DATEJUL 1 5 '58

Gate of Heaven

ADDRESS

Rea. Dist. No.

Months

e. IS RESIDENCE ON A FARM? YES NO 🔽

1958

Hours | Min.

12. CITIZEN OF WHAT COUNTRY?

VS A15ME

NAME (Type)

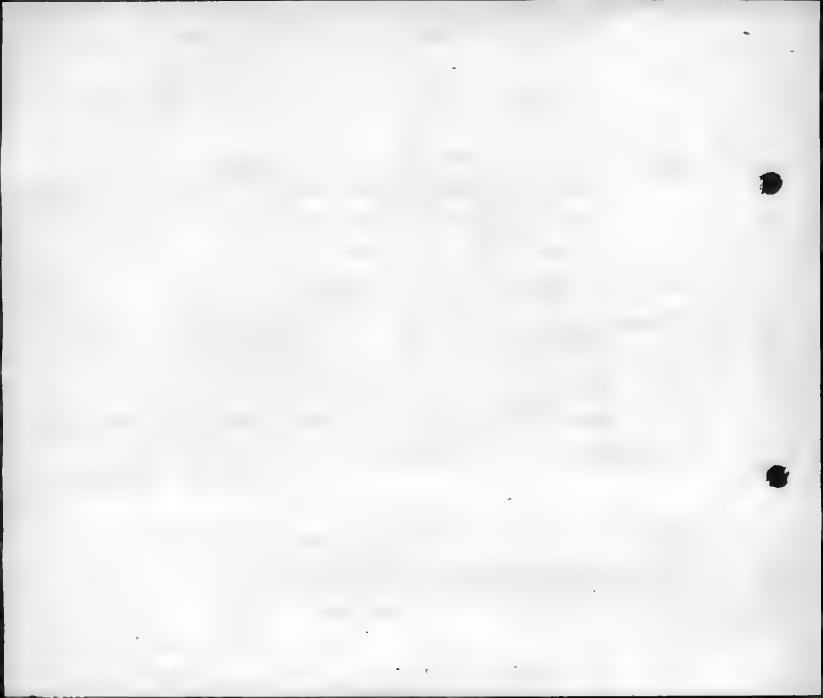
Burial

720. BURIAL CREMATION, 1276

23 FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey-Bethesda, Md.

REMOVAL (Specify)



I

8133 MEDICAL EXAMINED'S CENTIFICATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08093

		en 7 Fil 1232	9-1-4 en	Reg (Dist. No
1,	PLACE OF DEATH		2 USUAL RESIDENCE (VA	there deceased lived. If institution Resident	dence before admission)
	Montgomery	MARYLAND	o STATE Maryl	and b COUNTY	ont .
	b CITY OR TOWN (I solvide corporate him to, write BUPA) and give reagest lawed.	C LENGTH OF STAY IN 15		outside corporate limits, write RURAL or	nd give neorest town)
_	Galthersburg	DOA	Derwe	200	
	Md. R-115 near Md. R	tot, give street address) L=124	d STREET ADDRESS		VES NO
	NAME OF First DECEASED (Type or pr nt) Henry Fo	rd Davidson	Lost	DEATH July 28.19	Doy Yeor 958 19
5.	SEX 6 COLOR OR RACE 7 MARRIED	NEVER MARRIED 18	DATE OF BIRTH	Land to the land t	R TYEAR IF UNDER 24 HRS
	LIGTE ALTER MIDOMED			1938 25 m ["T]	Days Hours Min.
100	USUAL OCCUPATION (Give kind of work done 10b KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTR	Y 11. SIRTHPLACE (Slote	or foreign country) 12 Cl	TIZEN OF WHAT COUNTRY
	laborar		Saltsvi	lle Va.	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N		
L	Hugh Davidson			Lawrence	
15. JYe	. WAS DECEASED EVER BY U.S. ARMED FORCES? 16 SC 6. No. 87 Unknown] Hi yes, give wor or doles of service] 22	26-38-0120	Billie	C. Davidson. D	erwood.Nd
	18 CAUSE OF DEATH [Enter only one couse per line for	(o), (b), and (c)]			NIETVAL BETVÆPN ONSET AND DIATM
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	racture of	cervical s	ľ. Ti:	k . (. 1
1	DUE TO	to considerat			
	Conditions, if any, which (b)	to accident			
	gove rise to immediate couse (a), stating the underlying DUETO				
	couse fost. (c).				1
CERTIFICATION		rt am rt.	hip and rt	NAL DISEASE CONDITION GIVEN IN PA	PT I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	200. EXTERNAL CAUSE WAS PRIMARY-DI OF CONTRIBUTING DI DESCRIBE H DPIVO	iped pole	· Annuales gener gar		
MEDICAL	20c, TIME OF INJURY Month, Day, Yeor 20d INJ	JURY OCCURRED 20e. PLAC	E OF INJURY (Home form, ty, street, office bldg , etc.)	20f (City or town) (Co	ounly) (State)
MEC	12 30 m 7/28/58, White of work	Not while of his	ishway	Gaithersburg	g Montg. Md
	21. I certify that I took charge of the rei	moi <mark>ns descri</mark> bed abav	e, held an Autopsy	, Inspection 🔼, Inqui	ry 💽 , ond in my
	opinian death resulted from: Natural can	uses []. Accident [, Suicide , H	lomicide . Undetermined	manner 🔲
	SIGNATURE THEY DE / Jans.	Listet	M.D. CHIEF MEDICAL EX	AMINER [DATE SIGNED
	7		ASSISTANT MEDICA	_	
	EXAMINER'S NAME (Type) Frank J. Brosci	hart	DEPUTY MEDICAL E	XAMINER \$ 7/28/58	3
220	BUR AL CREMATION 226 DATE THEREOF 22	C. NAME OF CEMETERY OR	REMATORY	22d LOCATION (City, town, or county)	(State)
	REMOVAL (Specify) REMOVAL 7-28-58 FUNERAL D RECTOR'S SIGNATURE	Saltville ADDRESS		Saltville BY REGISTRAR 226. REGISTRAR'S SI	- Va
	Frye Funeral Home.	Saltville. N	la, DATE	IUL 3 0 '58 RIP.	5
-			TATAL TEAT TO	The state of the s	Marie

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the reading of pending in pending is less. 18. Give Pages 1, 2, and 3 to the functal director. Page 4 should be forwarded to the CF edical Examiner's Office along with form PM3. Page 5 may flained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with State Board of Health, or its designated agent, prior to burial, cremation, ar remard, and in any event within 72 hours ofter death. VS A15ME 5M 2 57



24a REC'D BY REGISTRAR

REGISTIFAR'S SIGNATURE

VS A15 (4)

29. FUNERAL DIRECTOR'S SIGNATURE

Coroner notified Endwill

FOR STATE HEALTH DEPT.

M

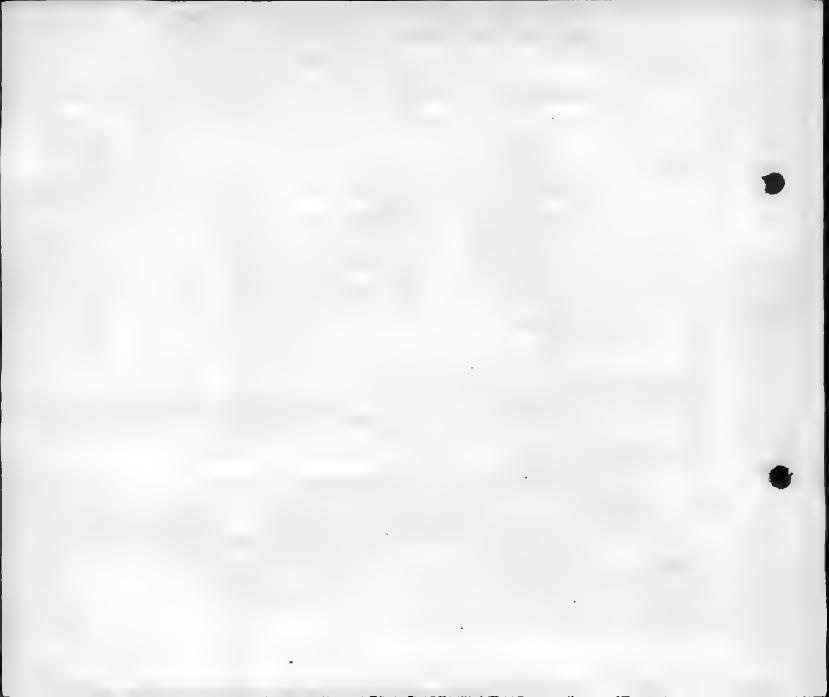
d 3 for found of some of some of 3 for found of some o hours after TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a execute the certificate, writing the figure of "pending" in pendit in them 18. Give Pages 1, 2, and 3 to 4 should be forwarded to the Characteristic Examiner's Office along with form PM3. Page 5 may 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with WATER 72 I ar its designated agent, prior to boriot, cremotion, or removal, and in any event

VS A15ME 5M 2 57

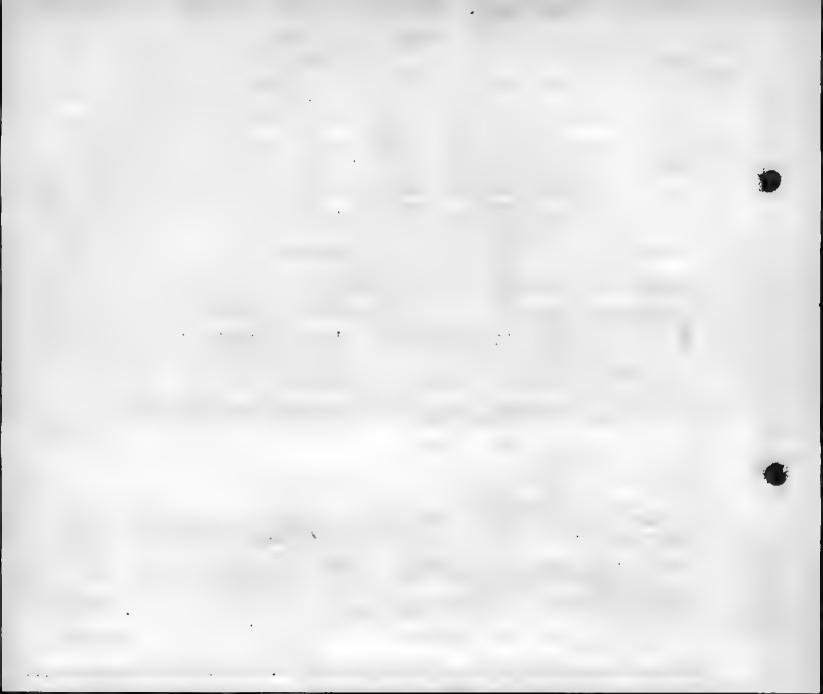
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8134 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08095 Rea Dist No.

-			
1,	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased fixed. If institution: Residence bef	ore admission)
ĺ.,	Maryland Maryland	o STATE med b. COUNTY P. C.	
	b. CITY OR TOWN III outside corporate hands, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corparate limits, write RURAL and give no	sorest lown)
	Alekerson	Hypitsorle	*
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET APORESS	ON A FARM?
L	Dickerson Quarry	5600 16th Cur	YES NO R
3.	NAME OF PIEM Middle	Lost 4. DATE Month Dey	Yeor
	(Type or print) Kalkh Eduted L	aves DEATH July 4	1958
5.	SEX 6 COLOR OF RACE 7. MARRIED NEVER MARRIED 6	DATE OF BIRTH 9 AGE 1 years IF UNDER I YEAR	Hours Min
L	male widowed Divorced 1	ext 20 1940 17 11.	ridurs with
10	O USUAL OCCUPATION (Give kind of work done 10b KIND OF SUSINESS OR INDUST during most of working life, even if retired)	RY 11 BIRTHPLACE State of foreign country) 12 CITIZEN OF	F WHAT COUNTRY?
L	Eleck Infaces house	D.C. U.	Sici
13	, FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
L	Ceril Traver	Eleann Thompson	
	WAS DECEASED EVER IN U. S. ARMED TORCES? 16 SOCIAL SECURITY NO. 17. IP	IFORMANT Address	
	170, 21235-3340	eil Davis (Hather). Item	2
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]	1910 Jano	EVAL BETWIEN IT AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) apphysical		welder
	127, x DUE TO		
	Conditions, if ony, which) (b) Crizining		- man amounts
	gave rise to immediate cause (a), stating the underlying DUE TO		
	couse lost (c)		
NOT A	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)	9. WAS AUTOPSY PERFORMED?
			YES NO
CERTIFI	200. EXTERNAL CAUSE WAS PRIMARY 00 CONTRIBUTING 200 DESGR.BE HOW INJURY OCCUPRED (E CAUSE OF DEATH.	ofer nature of injury in Part T or Part II of Item 18.]	
	2010-000-21 12111	le swimming	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e FLAI	E OF INJURY (Home, form, 201, (City or Jown) (County) ry, street, office bidg., etc.)	(Stole)
¥.		warry Dickeron Mind	to ma
	21 I certify that I took charge of the remains described abo	ve, held an Autopsy	, and in my
	opinion death resulted from: Natural causes, Accident	🕻. Suicide 🔲, Hamicide 🔲, Undetermined manne	er 🔛
	ACTUAL ST. O. B. T. T.		DATE SIGNED
	SIGNATURE Should . J. I arese trail	M.D CHIEF MEDICAL EXAMINER	
	EXAMINER'S # 1 1 (110 T B)	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 7 - 7	(7)
-	NAME (Type) FAXI J 1) rosch 2 h		00
24	BURAL CREMATION 226 DATE THEREOF 726, NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, town, or equinty)	(Store) LAND
27	FUNERAL DIRECTOR'S SIGNATURE C. ADDRESS.	240 REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATUR	
17	N.W. Chambers 60 In Mashing	log D. JUL 11 '58 Well- couch	16
1 44		2 PAGE	



8135 **CERTIFICATE OF DEATH** Rea. Dist. No. with director, 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed . 7 COUNTY MARYLAND Cun death. erol b. CITY OR TOWN (If outside carporate limits, write. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrat town) 8 RURAL forth give nearest Town) placks d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES 🔲 NO 🧖 NAME OF 4. DATE OF DEATH First Middle Year Day DECEASED within 24 (Type or print) 19 4 6 COLOR OR SACE S. SEX GCE (In years # UNDER) YEAR IF UNDER 24 HRS 7. MARRIED TO NEVER MARRIED Days Hours Min. WIDOWED I DIVORCED .6 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? НΟ HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ottending CAUSE OF DEATH [Enter only one cause per line for (gg. (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO thot by p 20 Canditions, if any, which signed gave rise to immediate DUE TO R.S. cause (a), stating the under-Dug. lying couse last. been CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY burial-tr PERFORMED? YES NO 17 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) ö Hour o. n. While Not while ot work of work p. m 21. I certify that I attended the deceased from Maista I that I last saw the deceased and that death accurred at 1/45. M, from the causes and on the date stated above. **DIRECTOR:** det ADDRESS (Street, city or town, state) DATE SIGNED þe prior should PHYSICIAN'S FUNERAL MAME (Type) n 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) SURIA 9 23. FUNERAL DIRECTOR'S SIGNATUR **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAK VS A15 (4) JUL 3 1 15M 9/55



VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08097

		Reg. Dist. No.
1,,	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. V institution: Residence before admission) b. COUNTY
	Korlyomeny MARYLAND	Mariland Montgomens
	S. CITY OR TOWN Uff outside corporate firms write . LENGTH OF STAY IN 16 BUTCH (Russ)	c CITY OR TOWN (15 outside torpgrote limits, write RURAL and give necress toyn) Received.
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS o is residence on a paran? YES \(\text{NO} \(\text{NO} \)
1	NAME OF PRINT Middle Mi	Dines of DEATH ONLY & 1958
5 :	6. COTOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Suke 1/89/ P. Se (In years of UNDER 1 YEAR) IF UNDER 24 HRS Suke 1/89/ P. Se (In years of UNDER 1 YEAR) IF UNDER 24 HRS Months Days Hours Min
10a	USUAL/OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE BIPS OF FOREIGN COUNTRY? Way and U.S. H.
13.	Wathan Dines	14 MOTHER'S MAIDEN!MAME Coura PourEll
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, no. or unknown) [11 year, gave wear or dates of service]	Many F. Dimes- Dines Race
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	e Extravitai Coma Interval Between ONSET AND DEATH
	Conditions, if ony, which) Dull TO Dull TO	es molliters
	gove rise to immediate course (a), storing the under: tying course lost.	Coroco Bueralined
NOIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
13		YES NO M
L CERTIFI	206. ACCIDENT WAS UNDERLYING [] CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of ilem 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. I Hour o m. 19 While Not while of work of work	PLACE OF INJURY (Home, form, 20f (City or town) (County) (Slote) foctory, street, effice bldg., etc.)
	21. I certify that I attended the deceased from	27, 194/, to July D 194 that I last saw the deceased
	alive on Section 1955, and that deal	
	ACTUAL SIGNATURE OF CONTROLL	M.D. ADDRESS (Street, city on lown, stote) ADDRESS (Street, city on lown, stote) DATE SIGNED To 915
	PHYSICIAN'S WEBSTER SEWE	Ell Selver f pring my
220	BURIAL CREMATION, PAGE THEREOF TO SERVICE SPECIFICATION TO SERVICE SPEC	Norbeok 16
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
	Robert R. Soudly Rockville.	100 4 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



VS A15 (4) 15M 10/57 K

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
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08098

Rea. Dist. No.

8137 CERTIFICATE OF DEATH

- 1-		
	1. PLACE OF DEATH COUNTY MARYLANE	USUAL RESIDENCE (Where deceased lived if institution Residence before admission) STATE D COUNTY
ŀ	b CITY OR/TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 11	11.45312nc 11.64520mecv
1	RURAL and give nearest town)	Fait Hersburg
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d STREET ADDRESS e. 15 RESIDENCE ON A FARM?
	Monta-mery County General	Weer Port- YES NOD
	3. NAME OF / First / Middle /	Lost 4. DATE Month Day Year
-	(Type or print) Walter garlield	//UVQ// DEATH 17 / 19 18
	5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED TO	lost birthday) Months Doys Hours Min
-	10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR IN	DUSTRY IT BIRTHMACE ISlate or foreign country) 12 CITIZEN OF WHAT COUNTRY
	during most of working life, even if retired) FG1111 106616	Manufand 4.5.
Y	13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
4	Luther A. Durall	Ida Brody
	system on the police of the second se	INFORMANT Address
		Mapital Founds -
1	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
1	IMMEDIATE CAUSE (0)	3 months
		y - rend desine with hope of
1	gove rise to immediate (b)	teacher - grans
	couse (o), stating the under-	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
1	3 amfattated left &	eg for sher malegiany in 1 YES NO D
	OR CONTRIBUTING III CAUSE OF BEATH	RED. (Enjoynature of injury in Part 1 or Part II protern 18.)
	20c TIME OF INJURY Month, Day, tear 20d. INJURY OCCURRED 20e. White Nat white of work of work of work	PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State) factory, street, office bldg., etc.)
	p. m. 19 of work of work	
	21. I certify that I attended the deceased from. 1941	2, 19 S, that I last saw the deceased
	alive on flating 1957, and that dec	th accurred at AM, from the causes and on the date stated above
	ACTUAL STORY	ADDRESS (Street, city or town, stole) DATE SIGNED OF THE STORY DATE SIGNED
	SIGNATURE AT - O CONTINUE	M.D.
	PHYSICIAN'S NAME (Type)	Butkuskug, Mad.
	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY	OR CREMATORY 22d LOCATION (Cy town, or county) (Stote)
		Lie, Meth. Laytonsville. Md.
1	23 FUNERAL DIRECTOR'S SIGNATURE Laytonsville	240. REC'D BY REGISTRAR'S SIGNATURE
	Company of the second	DATE JUL 58 COLLEGALIA





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution. Residence before admission o. COUNTY MONTGOMERY b. COUNTY SECTIONS: erol b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give negrest town) ë. RURAL and give nearest town) SILVER SPRING should SILVER SPRING VIS. d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION 11.918 Valleywood Drive 11,918 Valleywood Drive in b and 3. NAME OF First MiddI⊯ 4. DATE Month DECEASED OF DEATH IDA (Type or print) HURST ECKE JULY 5 SEX 6 COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS lost birthdoy) Months FEMALE WHI TE WIDOWED P DIVORCED [7] 66 yrs 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) during most of working life, even if rehred) Seamstress Brickson Rug. Co. GERMANY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (Unknown) Hurst unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address IYes no or unknown) (If yes, give war or dates of service) 170-09-8148A Mr. Raymond Reid. 11,918 Valleywood Drive no Silver Spring, Manterval Between 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO usine Heart wisese Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), sloting the underburiof-tronsit lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18) 20c, TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. While Not while of work of work p. m 21. I certify that I attended the deceased from and that death accurred at alive an

ADDRESS

SILVER SPRING. MD.

1958 that I last saw the deceased M, from the causes and an the date stated above ADDRESS (Street, city or form, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 225 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) 7/25/58 SCRANTON. PENNSYLVANIA

24o, REC'D BY REGISTRAR

##L 2 B '58

MONTGOMERY

25

Days

U.S.A.

(County)

REGISTRAR'S SIGNATURE

e. IS RESIDENCE

Hours

ONSET AND DEATH

PERFORMED? YES 🔲 NO 🖂

(Stole)

f2. CITIZEN OF WHAT COUNTRY?

ON A FARM?

YES NO

Year

19 58

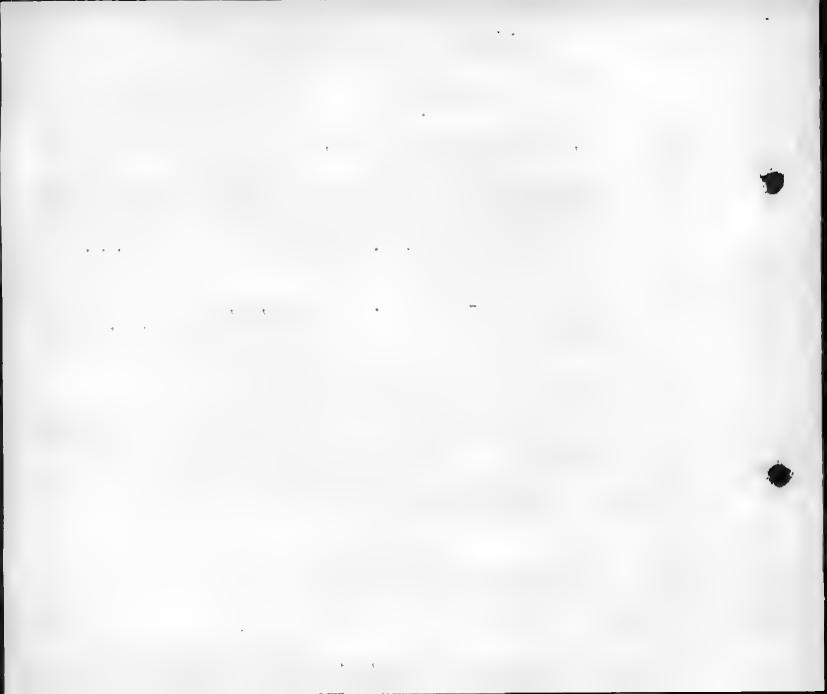
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FUNERAL DIRECTOR'S AGNATUR

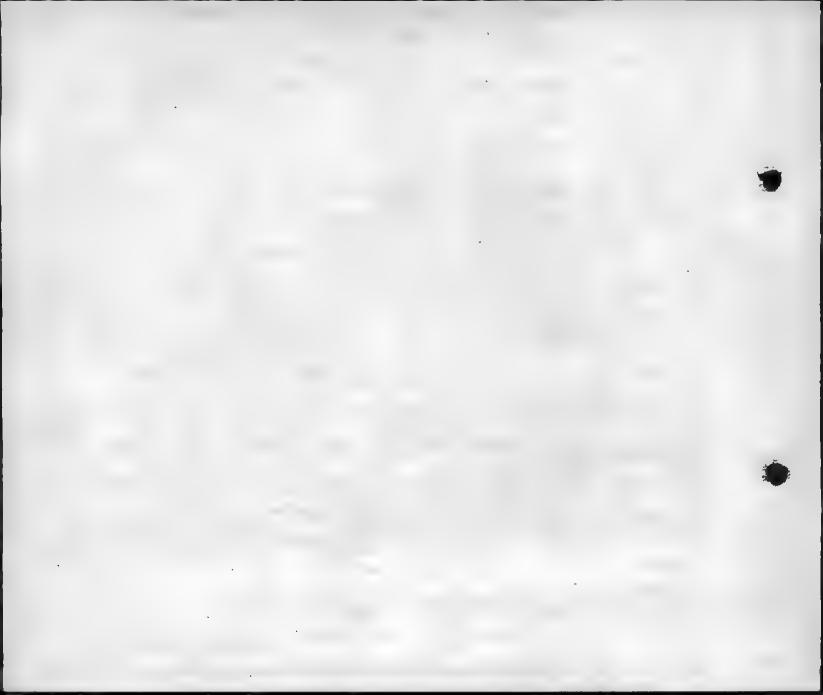
ofter death.



OF HEALTH—BALTIMORE, 18 MARYLAND STATE DEPARTMENT CERTIFICATE OF DEATH Rea. Dist. No *is PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY o STATE be filed 也, COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 (If all side corporate limits, write RURAL and give neares) town) RURAL god give negrest town) pinous d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RES. DENCE OR INSTITUTION aduluna YES NO P NAME OF 4. DATE OF Middle Month Yeor Day DECEASED (Type or print) DEATH 15E 1955 5. SEX 7. MARRIED NEVER MARRIED AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH Months Days WIDOWED IS DIVORCED [yrs 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) misery 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ŏ S. ARMED FORCES? SOCIAL SECURITY NO INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN SET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES INO IT 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURED (County) (State) factory, street, affice bidg., etc.) Hour o. m. While Not while of work at work p. m. 21. I certify that I attended the deceased fram. That I last saw the deceased and that death occurred at 30 alive on_ M, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) ACTUAL PHYSICIAN'S NAME (Type) LINTHICUM 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Kity, town, or county) (State) REMOVAL (Specify) 24g. REC'D BY REGISTRAR 24b/ REGISTRACE'S SIGNATURE

death.

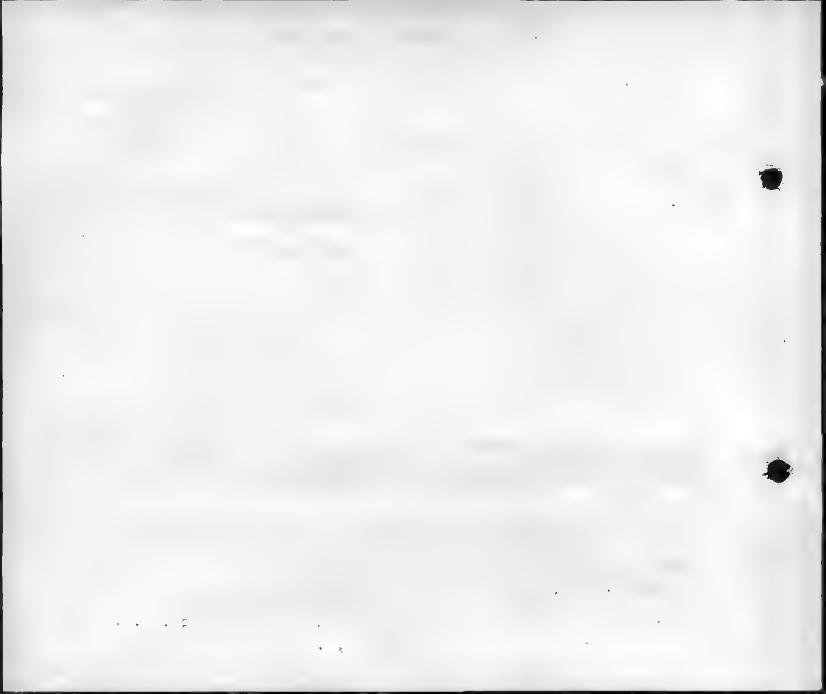
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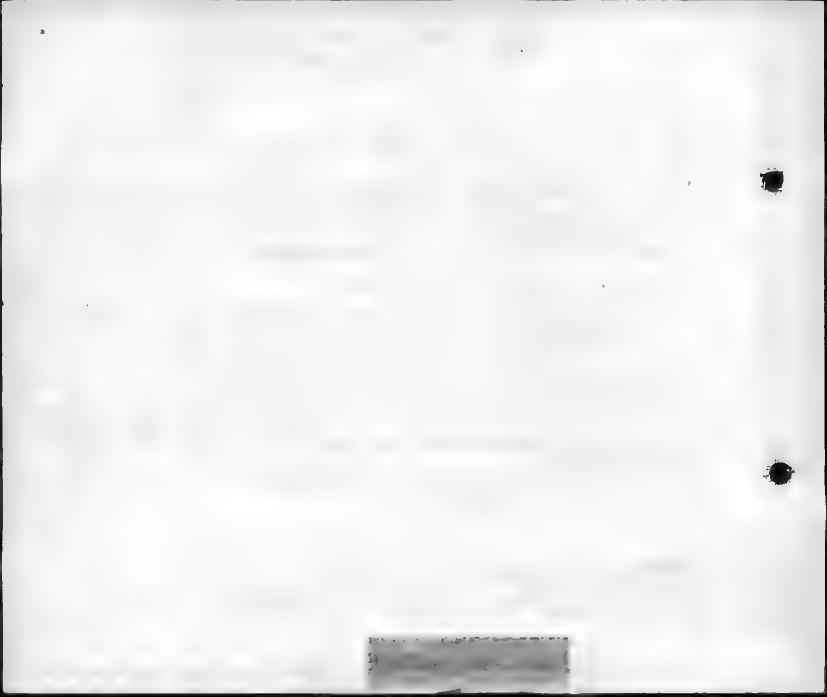


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VS A15 (4) 15M 10/57

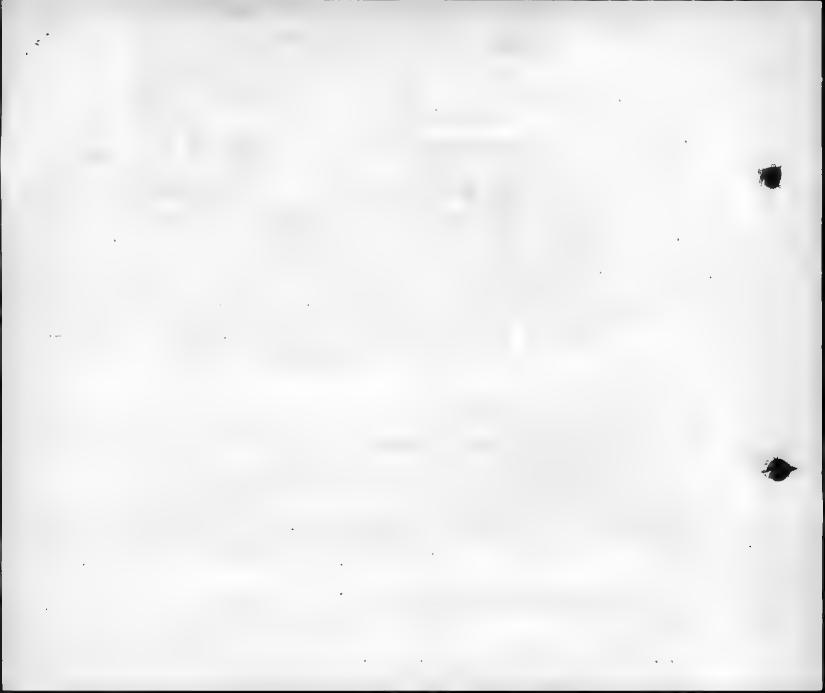
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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() \$10.5 Reg. Dist. No. 215

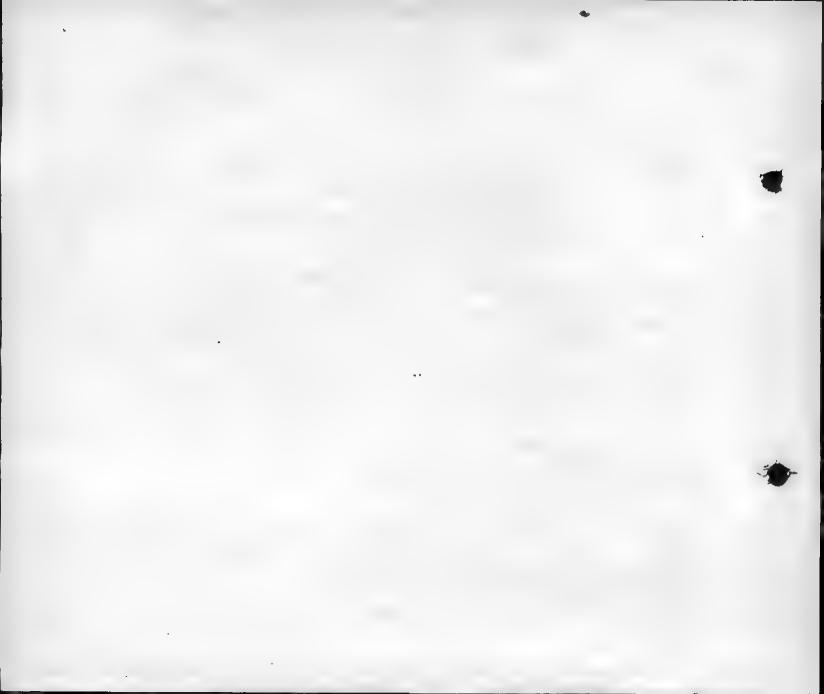
									walls at a		·
1. PLACE OF DEATH 6 COUNTY MO	ntgomery			MARYLAND	2 US	ual residence (v STATE Maryl		lived. If institute b. COUNTY		before admiss	s-on)
b CITY OR TOWN (If outside corporate limits, write RURAL and give neorest lowe) Bethesda (Rural)		6 mos.5 days		c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Chevy-Chase							
OR INSTITUTION	TAL (If not in hospitol, gir Hospital, B			yland	d	STREET ADDRESS	Langdu	n Ave.			SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Jam			Aiddle	T.	Lasi LATLEY	4. DATE OF DEATH	Mor Jul		Day	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER N			OF BIRTH		9 AGE (In years lost birthday)	IF UNDER 1	YEAR IF UND	
Male On USUAL OCCUPATION during most of world II.S. Naval	White ON (Give kind of work di king life, even if retired) Officer	one 10b. I	Barrier St.	144	STRY 1	June 190 BIRTHPLACE (Stoll		52 yrs	1	EN OF WHAT	COUNTR
13. FATHER S NAME	0111011		o.p. Hai	3		MOTHER'S MAIDEN			1 0.	• • • •	
James H. F					J	oan NASH					
[Yet no or unknown]	7 to 6-2-58	vice,	6 38 04'		inform ilfe	ANT) Mrs. Do	rothy 1	Add M. Flatle		me As #	(2)
Conditions, if o gove rise to it couse (o), storing lying couse lost.	the under-	Re	gional I	Lymph I	lode	oma of Ri and Cere	bral M	etastase	5	D MOS.	
5	HER SIGNIFICANT COND								'EN IN PART I	PERFC	AUTOPSY DRMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	Ob DESC	RIBE HOW INJU	RY OCCURRE	D. (Ente	r noture of injury in	Port I or Part	II of item 18.)			
20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Day, Year 19	While	Not while of work	lo	ACE OF clory, st	INJURY (Home, for set, office bldg , e	m, 20f (City	or town)	(Cod	unty)	(Stote)
alive on 8 J	irl E. Jarre	. 19	d fram 4 58, and	that death	M.D	1958 to 9 rred of 4:35 U.S. Nava	A M, from ADDRESS (SII 1 Hosp:	ital, Bet	and an the	date state	ed abov ATE SIGNI
	N. 226. DATE THEREOF		22c NAME OF	CEMETERY O	R CREM		22d LOCAT	ion (City town, o	or county)	(State	e)
W.W. Cham	S SIGISMOURE An	Chap:	ADDRESS				"D BY REGIST	PAR 245 REGIS	STRAR'S SIGN	AJURE	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH RILL Rea. Dist. No. I director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o COUNTY o STATE Maryland **b** COUNTY N MARYLAND 7017 Montgomery funeral old be fi b. CITY OR TOWN (If outside corporate limits, write E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lown) / Chevy Chase KENSINGTON d. NAME OF HOSPITAL (If not in hospifat, give street oddress) d ST EET ADDRESS e IS RESIDENCE OR INSTITUTION 7017 Beechwood Dr. ON A FARMS GARDENS KENSINGTON YES NOT NAME OF Middle 4. DATE DECEASED JAMES FORRESTER July 58 (Type or print) DEATH 10 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years lost birthdoyl Hours WIDOWED IN DIVORCED | yes Nov. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Retired Ohio Building Cont. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charlolte B. Millar William S. Forrester 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address 7017 Beechwood No None Dr. Ch. 6h Itending Judge Bruse M. Forrester 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). YOCARDIAL DECOMPENSATION 12 Hours DUE TO OSCLEROTIC HEART DISEASE Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. CERTIFICATION PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Holling WAS AUTOPSY PERFORMED? RONCHOPNEUMONIA YES NO DE 700. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d, INJURY OCCURRED (County) (State) factory, street, office bldp., atc.) Haur a. m While Not while of work of work 21 I certify that I attended the deceased from 1000. . 195 1954 that I last saw the deceased ___, and that death accurred at 10: 22M, from the causes and an the date stated above DIRECTOR: DATE SIGNED ACTUAL SIGNATURE TO JAMES PHYSICÍAN'S NAME TYPE noy be FUNERA 270. BURIA., CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d LOCATION (City town, or county) (State) BILLIA (Specify) Forest Hill Kansas City Mo. 0 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 245 REGISTRARYS SIGNATURE VS A15 (4) Robert A. Pumphrey JUL 9 DATE 15M 10/57

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8067 **CERTIFICATE OF DEATH** Reg. Dist. N. 5 1 1) 7 with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admiss an Gled a. COUNTY o. STATE **b** COUNTY MARYLAND Gomers C TY OR TOWN [If outside corporate limits, write RURAL and give negrest toyn] c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 pluods d. NAME OF HOSPITAL (IF pot in haspital, give/street address d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARMA Ion Janilarium YES 🗍 NO 🎘 NAME OF First DATE DECEASED OF DEATH (Type or print) De5510 19 5 5 SEX 6. COLOR OR RACE 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED Months Days Hours DIVORCED | WIDOWED USUA, OCCUPATION (G version of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if selized) 12 CITIZEN OF WHAT COUNTRYS Nouse wite 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ď 9 é 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) 540.0 DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c, TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc.) Hour a. m. While Nat while of work all wark p. m. 21. I certify that I attended the deceased fram. ...that I last saw the deceased and that death occurred at 4 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) PHYSICIAN'S NAME (Type) 220 SURIAL CREMATION. DATE THEREOF ZC NAME OF CEMETERY OR CREMATORY 22d TOCATION (City, lown, or county) 23 FUNERAL DIRECTOR'S, SIGNATURE 24o, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57



CERTIFICATE OF DEATH Rep. Dist. N. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before addition) filed o. COUNTY b. COUNTY MARYLAND death. ero C TY OR TOWN (If outside corporate limits, write . c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) å RURAL one give negrest town) should Arrest 67 d. NAME OF HOSPITAL (If not in hospital, give street address) & STREET ADDRESS ON A FARM? YES TO NOTE NAME OF Middle DATE Year DECEASED OF DEATH (Type or print) OWP 226 19 S. SEX COLOR OF RACE MARRIED NEVER MARRIED 7 8 DATE OF BIRTH FUNDER I YEAR IF UNDER 24 HRS AGE (in years birthday) Months Days Hours WIDOWED IN DIVORCED IT 100/ USUAY OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE Thole or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Macalular 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME O-CI,S physici TS WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 300/2 ending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), INTERVAL BETWEEN ă PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** catse (a), stating the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗂 NO-F 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE ONNJURY (Home, form, 20f. (City or town) Month. Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while 19 of work 🔲 of work 21. I certify that I attended the deceased from ..that I last saw the deceased __, and that death accurred at 5 M, from the causes and an the date stated above. des ADDRESS (Street, city or town, stote) ACTUAL å 16-16-15 prior o 3 shoul PHYSICIAN'S FUNERAL 7666 NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify)
Burlal George Washington Ceml Cty., Prince Georges Julv 0 YUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4) DATE 15M 9/55



08109 CERTIFICATE OF DEATH 8145 Reg. Dist. No. 3. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) . COUNTY Filed b. COUNTY **MARYLAND** c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). b. CITY OR TOWN (If outside corporate limits, write å RURAL and give pracest tawy) should d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO TO 4. DATE OF DEATH NAME OF DECEASED Middle Yeor (Type or print) 190 6 COLON ON RACE 7 MARRIED K NEVER MARRIED 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Days Hours WIDOWED [DIVORCED | 10a USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? B-RTHPLACE (State or foreign country) during most of working life, even if retired) Bridge 13 FATHER'S NAME MOTHER'S MAINEN NAME War d/ TS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address INTERVAL BETWEEN CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** couse (6), stoling the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19 WAS AUTOPSY PERFORMED? YES 🔲 NO 📆 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) cote 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or lown) Month. Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour o.m. While Not while et work at work 2 m. 192/, to 21. I certify that I attended the deceased fram. 19.5 dithat I last saw the deceased and that death occurred at 5:151 M, from the causes and an the date stated above. alive on. may be retained by the FUNERAL DIRECTOR: page 3 shauld be detacl ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURI PHYSICIAN'S STEPHEN N. JONES NAME (Type) 270 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City Town, or county) PTI DREMOVAL (Specify) 7/8/58 FT. LINCOLN CEMETERY PRINCE GEORGE COUNTY. 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE 24a. RECID BY REGISTRAR SILVER SPRING, MD. umo DATE

within 24



L	0003	92///////	TIE OI DEATH		Reg. Dist. No.
	PLACE OF DEATH O. COUNTY MONTGO AN ERY	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution by COUNT	ition. Residence befare admission) Y
Г	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN (IF or		RURAL and give nearest town)
	Takoma Park		SILVER .	SPRING 1	10
	d. NAME OF HOSPITAL (If not in hospital, give street oddre	ud-Hosp,	8724-C	AMERON	S is residence on a farm? Yes \(\) NO \(\)
1	NAME OF DECEASED (Type or print) ////AM	GON!	BERG	OF .	Day Yeor 7, '19 58
5.	6. COLOR OR SACE 7. MARRIED [MHOTE WIDOWED [S. DATE OF BIRTH	9. AGE (In year last bightloy)	Months Days Hours Min
	. USUAL OCCUPATION (Give kind of work done 10b KIND during molt of working life, even if retired)	OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (Slote C		12 CITIZEN OF WHAT COUNTRYS
13.	FATHER'S NAME		14 MOTHER'S MAIDEN N.		
	HARRY GOMBERG		LEBEC.	CA CHABEL	
IS.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI. (If yes, give wor or dates of service)	AL SECURITY NO. 17. IN	HOSB R	AC DR.D.S	ldress
-	18. CAUSE OF DEATH [Enter only one couse per line for	(a), (b), and (c)]	<u> </u>		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY.	man 2le	combiaes		ONSET AND DEATH
ı	420. / DUE TO	1			7717707
	Conditions, if any, which) (b) (c) res	1414 AVI	terio scleros	175	9 years
	gave rise to immediate DUE TO	/			
	lying cause lost. (c)				
Ö.	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION G	IVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
2					YES NO 1
L CERTIF	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED). (Enter noture of injury in Po	ort I or Part II of item 18.)	
MEDICA	Hour o. m. While	OCCURRED 20e. PLA Not while fool of work	CE OF INJURY (Home, form, form, street, office bldg., etc.)	20f. (City or town)	(County) (State)
1	21. I certify that I attended the deceased for	ram	2, 19 , ta	7/7 1950	that I last saw the deceased
П	alive an 6/25 1950	, and that death	accurred at 2.19	M, fram the causes	and an the date stated above
) , , ,	· • [A	DDRESS (Street, city or town	
Н	SIGNATURE YOUNG W. U.	ruck	ND. 3900 1	lekinen	at.nc 7/7/1
L	PHYSICIAN'S Inving W. Winik,	.1.D.		lasi inston, D).C.
220	BUR AL, CREMATION, 22b. DATE THEREOF 22c	NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town	, or county) (State)
	BUYIAT 1/7/30 K	INS DAVIDI	MEM GARDEN	Falls Chu	irch Va.
23.	FUNERAL DIRECTOR'S SIGNATURE Dernard Langansky & Social	ADDRESS 3501-14 VV = 56 : 1	DIC DATE J	BY REGISTRAR 246, REC	HISTRAR'S SIGNATURE
	11 9	-	ONIC 0		Unt-essech

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death: Page 4_ may be retained by the hospital ar appending physician.

TO FUNERAL DIRECTOR: After this control to be a signed by the ottending physician and completely page 3 should be detached for up to be burial-transit permit. Then please remove carbon papers. The registror priar to burial, crematian, or removal, and in any event within 72 hours offer death.

VS A15 (4) 15M 9/55

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VS A15 (4) 15M 9/55

			MARY	LAND	STATE DEP	ARTN	ENT OF	HEALTH	l—BAL	TIMORE,	18	/a (110
>			Ś	146	CERT	IFIC.	ATE OF	DEATH	1		Reg. Dis	V V	112
	1, P	LACE OF DEATH	Montgomer	7	MAR	YLAND		sidence (wh Mary-1 h		d lived. If institution b. COUNT		ce before od t (ව.ප)	•
	b	CITY OR TOWN RURAL and give	(If autside carporate liminearest fown) Bethesda	ils, write	ll days	Y IN 1b	i City o		iutside carpo	orale limits, write	RURAL ond g	ive nearest	lown)
1	C	OR INSTITUTION	PITAL (If not in haspital, i				11 /	ille R	ID #	l			RESIDENCE N A FARM? S NO
		VAME OF DECEASED Type or print)	Ric:	uard	Middl Henr			ray	4. DATE OF DEATH	Mo Ju		Doy S	Year 19 58
	S. S	iwale	6 COLOR OR RACE White	7. MAR WIDOW	RIED NEVER MARE		a DATE OF BI April 1	ятн .9, 1 9 7	9	9. AGE (In years last birthday)	Months	1 YEAR IF U Days Ho	NOER 24 HRS
	100.	during most of we	fion (Give kind of work orking life, even if retired il lianketer	dane 10b	KIND OF BUSINESS Farmer	OR INDU		rginia	ar fareign c	country)		IZEN OF W $1.3.A.$	HAT COUNTRY?
	13, (father's name Unikidio	wn				14 MOTHE	Unkno					
ĺ	15 ΄ (Υ»:	WAS DECEASED EN	VER IN U. S ARMED FO	(CES? 16.	SOCIAL SECURITY N		INFORMANT	í. Gray			Jesilv Chesu		ring, Mi
			EATH (Enter only one of EATH WAS CAUSED BY: IMMEDIATE CAUSE (0)(ine for (a). (b). and (c)		26 54.	arles	٥(INTERVA ONSET A	L BETWEEN
		Conditions, if gave rise to couse (a), statin	immediate (DUE TO	>]	Tringer.	22/3	tal 1	20/4	20.4	ien;		4	72 1/2
	CATION	lying cause los		DITIONS	CONTRIBUTING TO D	EATH BU	T NOT RELATED	TO THE TERM	D ~ (*) INAL DISEAS	SE CONDITION G	VEN IN PAR	PE	RFORMED?
	CERTIFICA	200 ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	WAS UNDERLYING THE CAUSE OF DEATH FY MEDICAL EXAMINER)	206 DE	SCRIBE HOW INJURY	OCCURR	O (Enter nature	of injury in	Part I or Par	rt II of item 18 }		YES	по 🗓 –
		20c. TIME OF INJU Hour a. m p. m	10	Gr 20d While of we		20e P	ACE OF INJUR	Y (Home, farm fice bldg., etc	1. 20f. (Cit	y or town)	(C	County)	(State)
		alive an	that I attended the	deceo	4 E	if deat	ານ 19 ລີ h accurred d	at ///54		ny the causes Street, city or town	and an H		he deceased tated abave DATE SIGNED
		PHYSICIAN'S NAME (Type)	J'afrais	1.1	1 Janear	-	, М.О. <u></u> ь,	12566	<u> </u>	1624		j	17-1-3-3
	3	BURIAL, CREMAT REMOVAL (Specif	ly) , ,	OF CB	22c. NAME OF CE			ırch		tTION (City, town,	or county)		(State)
	23	FUNERAL DIRECTO	OR'S SIGNATURE	2	901 Tith	St.	Ceme	t war he c	D BY REGIS	TRAR 24. REG	STRAP'S SIC	GNATURE)	



CERTIFICATE OF DEATH I director, filed with PLACE OF DEATH a COUNTY 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE **b** COUNTY MARYLAND death: erol be f b. CITY OR TOWN (If pulside corporale limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Washington. D.C. the fune -Vear 5 mo. Yina d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS 2707 Adams Mills Road Mable Lane Techaro NAME OF 4. DATE Month DECEASED WILLIA (Type or print) DEATH 106 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE fin years last birthday) DIVORCED [WIDOWED FILE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY (1) BIRTHPLACE (State or foreign country) Retired Clerk U.S. Government Ohio carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ŧ Sarah MOVE WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Washington. DC 7-20-51.65 Chas. B. Gray-6508 Barnaby St.N.W. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ā, PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) $U \times O \cdot C$ **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Day, Year 20d. INJURY OCCURRED Hoer o. n. factory, street, office bldg., etc.) Not white at work at work 21. I certify that I attended the deceased from For. 8. 19.53 that I last saw the deceased ., and that death occurred at 7 37 A.M. From the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL FUNERAL DIR PHYSICIAN'S Henry M. Lowden 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) Lincoln Crematory Ft. Prince George LABORES St. 2901 23. FUNERAL DIRECTOR'S SIGNATURE 246 KEGISTRAP'S SIGNATURE! 240. REC'D. BY, REGISTRAR

S.H. Hines Co. Washington 9, D.C.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DATE

Reg. Dist. No.

Months.

e 15 RESIDENCI ON A FARM?

FUNDER LYEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(State)

(County)

U. S. A.

WES NO T

Year

195 8



72 hours after death Affen, director, the third topk of registrar within 2 by the funeral

. . 5

TO FUNETAL BIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

this

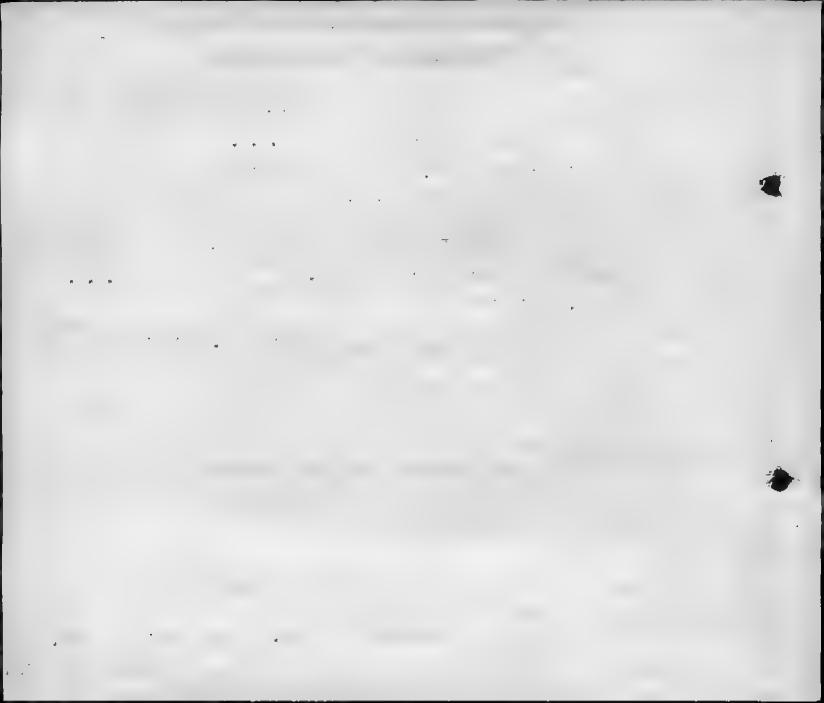
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08114

Reg. Dist. No.

CERTIFICATE OF DEATH 8148

1. PLACE C	NE DELTH							
		MT7				NCE (HOME) OF D		
	Montgome:		MARYL		STATE MELTY.	4001111	Montgom	
CITY (If o	utside corporate limits, wive negrast town)~	write RURAL	LENGTH O	F STAY laca)	00 75 77	orate limits, write RURAL e	nd give neerest to	wnj
1 NWOT	RUPAT TOWN G	altherso	urg in this	fe	X TOWN R.F.	D. #	Т	
HOSPITAL C		4-1 T	77	7	STREET ADDRESS Class	(Il rural giv	re location)	
STREET ADD		thersbur	g, Rt.	T	/ ADDRESS Ga:	ltheraburg	,	
3. NAME O			(Middle)		(Last)	4. DATE (Mor		(Year)
DECEAS (Typa or Prin		rles		Grifi	rith	DEATHJU	Ly 28	58
5. SEX	6. COLOR OR	7. SINGLE,	MARRIED,	8. DATE O	F BIRTH	9. AGE last birthday	IF UNDER 1 YEA	R IF UNDER 24 HRS
Male	white	(Specify)	Marled	May	21 1877	8T AL	Months Day:	s Hours Min.
10e. USUAL OC	CUPATION (Give kind	l I of work 101	. KIND OF BUSINES	1	11. BIRTHPLACE (State or for	2.00	1 12 CIT	IZEN OF WHAT
dona during	arpente	, even il	Con struc	tion	Md∡		, co	UNTRY?
13. FATHER'S N	_		00118 01 00	OTOIL	14. MOTHER'S MAIDEN	LSV-VIII S	U.S	a A o
	cies H.	Griffi	±'n.		and the same of th			
			W W W		Hester	Dorsey		
	ASED EVER IN U.S.	or dates of service)	16 SOCIAL SEC		17. INFORMANT &			Same
(Ass'MPo. nur')			579 12	8182	Margaret	B. Grif:	fith	A8 # %
# DISEASES OF	CONDITIONS DIREC	TLY LEADING TO DI		DICAL CER	TIFICATION			NTERVAL BETWEEN
,	CONDINGING DIREC	/		2306	roter Il	1 2 7 th		ONSET AND DEATH
	MMEDIATE CAUSE	(A)	le .		Les - CE DI	- EC LA	7	gearn,
	TECEDENT CAUSE(S)	DUE TO	Bular	(2			?	101.21
GIVING RISE TO	CONDITIONS, IF AN	SE DUE TO	Carte	7.10	27/18 28120	2 DE 10-10-	1	og ca,
STATING UNDE	RLYING CAUSE LAS	(C)				./		
	FICANT CONDITIONS	CONTRIBUTING						
	H BUT NOT RELATED							
19a. DATE OF C			INGS OF OPERATION	4				20. AUTOPSY?
							Y	ES 🔲 NO 🔼
OR CONTRIBUTIN	WAS UNDERLYING IG CAUSE OF DEA IY MEDICAL EXAMINE	TH OF INJURY S	(Home, farm, lector) treet, office bldg., atc	' i	21c. WHERE DID INJURY OCC	JR? (City or town)	(County)	(Steto)
21d. TIME OF IN	IJURY (Month) (Da	y) (Year) (Hour)	210. INJURY OCCL		21f. HOW DID INJURY OCC	JR?	· · · · · · · · · · · · · · · · · · ·	
		M,		while				
22. heret	v certify that	I attended the	deceased from	Caril	19 2 B, 10 1/1	(C) 2 / 10 /)	that I lack	saw the decessed
alive on	June 21	. 19 .5 8	and that death	occurred at	/	causes and on the	data stated at-	and the deceased
BIGNAT	URE /			/	ADE	RESS (Streat, city, tow	zare sidieu 804 n, stata)	ove. DATE SIGNED
1 ac	hetrite	una.	elek	MD 4	sauler		d Ju	12,29-51
23. / BURIAL, CR	<u>, </u>	DATE THEREOF		CEMETERY OR	_ ;	LOCATION (City, low	n, or county)	(Stata)
REBOY AND	SPECIFY)	July 31	Lavt	onavi	Lie, Meth.			to the control of the
24. REC'D BY R	1	REGISTRARYS SIGNA			25-FUNERAL DIRECTOR'S	Laytons	VIIIC,	Md.
		Per-Lesi	· · · · · · · · · · · · · · · · · · ·		Many 91 - C	Darber 1	ADDRE	
DATE AU	G 1 '58	Chr. Lings	LL M		1000 X 00	22000	-ayrons	Ville. M



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

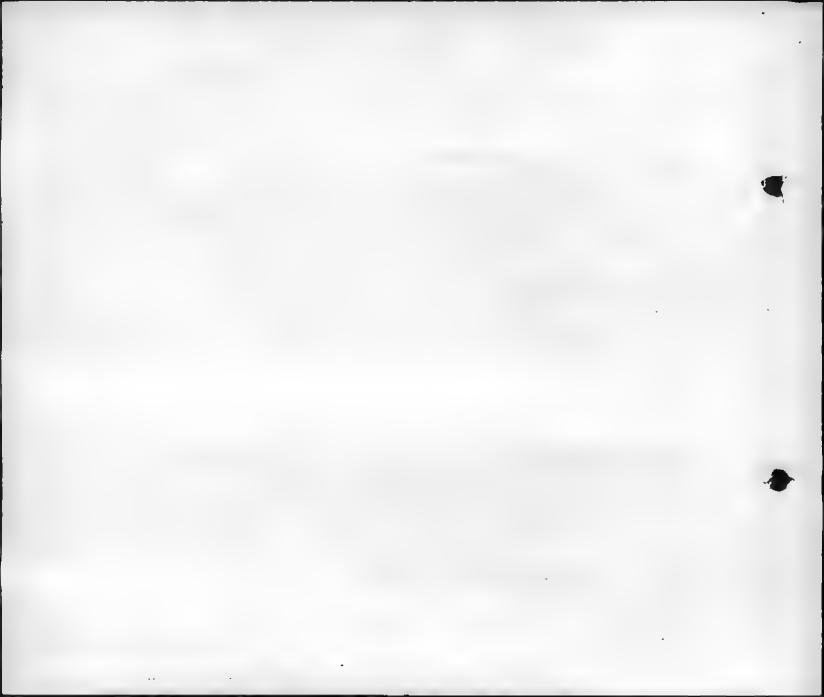
8071 **CERTIFICATE OF DEATH** 08115

1	-		Key, Di	11. INO.
	1. [PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residen a. STATE Alan Jerree 6 COUNTY	ce before admiss an)
	1	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 18 RURAL and give nearest lower)	c. CITY ON TOWN (If outside corporate limits, write RURAL and	give nearest town)
		1 A Koma Park Ad. 10 min.	Jaramus 67	X-3
	2	d. NAME OF HOSPITAL (If not in hospital, give street address) NEMSTRUTION ORD + HOSPITAL	E. 98 Redge wood Ceve	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED [Type or print] Elizabeth (NMN) 6	runfelder 4. BATE Month of DEATH Month	Day Year / 1958
	5 5	Fe 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 11-16-75 9 AGE (In years IF UNDER lost b rinday) 8 2 yrs Months	1 YEAR IF UNDER 24 HRS Days Hours Min
	10a	USUAL OCCUPATION (Give kind of work done during mass of working life, even if retired) Own home	USTRY 11. BIRTHPLACE (State or foreign country) 12 CIT	IZEN OF WHAT COUNTRY
	13	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
		Jacob Berger	XXXX unknown	
)		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 no or unknown) [17 year give week or dotest of service] none	Pto admission sheet	418
		INTERVAL BETWEEN		
		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) It gotte with a	3 the	
		LOUX DUE TO BY		63 00
		Conditions, if any, which (b) Muraling c'	Clife i Di Ci per	J'des
		couse (o), stoting the under lying cause lost (c) Alace Lite	milletin	4.0227
3	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		200 ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CED (Enter nature of injury in Port I or Port II of item 18.)	
	MEDICAL	20c TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Not while of work at work	PLACE OF INJURY (Home, farm, 20f (City or tawn) (cotory, street, affice bldg , etc.)	County) (State)
	_	21. I certify that I attended the deceased fram/ ~-	1918 to 7-1 1918 that 1	last saw the deceased
		m 4 pmf-, or	h occurred at 3:55 B.M. from the causes and on the	
		Nessel 1	ADDRESS (Street, city or town, stote)	DATE SIGNED
		SIGNATURE SIGNATURE	M.D. 927 Lewling &	7-1-18
·		PHYSICIAN'S A.W DAR 15/4	When I frem, he	
	220	BURIAL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY ((Stote)
	TR.	ANS, & BURIAL 7/1/58 MARYREST CEME	TERY DARLINGTON, NEW JE	
	73 7.1	funeral director's signature ADDRESS JANUAR TO LUMPPHULL, SILVER SPRIN	IG, MD. DATE JUL 2 158 24b FEGISTRAR'S SIG	SULLA

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 id in by the funeral director, I and 2 should be filedwith may be retained by the hospital or controling physician.

TO FUNERAL DIRECTOR: After this control has been signed by the attending physician and campletely page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. It is registrar prior to burial, cremation, ar remayal, and in any event withy 72 have after death. VS A15 (4) 15M 10/57

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FOR STATE HEALTH DENT.

I

TO DEPUTY MEDICAL EXAMINER: This certifical should seconted within 24 hours after death. If may delay is mecassary, plage execute the certificals, writing the redical pending" in pending them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Ch. Ledical Examiner's Office along with form PM3. Page 5 may it fained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with 1510's Board of Hemith, or its designated agent, prior to burial, cremation, ar removal, and in any event within 34 hours after death.

VS A15ME 5M 2757

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08116

Reg. Dist. No.								
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where		: Residence before admission)				
montgomery	MARYLAND	o. STATE incl	5. COUNTY	monte				
b. CITY OR TOWN (I autode court rate limits, write BUPA), and give request level)	c LENGTH OF STAY IN 16	C. CITY OR TOWN (If outs	ide corpoçate limits, write RUS	RAL and give georest town)				
Rockstelle	7 the	21. Koch	ville					
d. NAME OF HOSPITAL OR INSTITUTION (If not in he	ospital, give/treet address)	d STREET ADDRESS	41	e IS RES DINCE ON A FARM?				
12007 Galeria Ke	l 1	12007	Jaleson 1	RES NO NO				
3. NAME OF DECEASED OF First	Middle		DATE Month	Day Year				
(Type or print) (Thelyn 13	raydon Ita	macen-	HATH July	30 1958				
	77	DATE OF BIRTH	In the state of the second	UNDER TYEAR IF UNDER 24 HRS				
fluer white WIDOW		5/22/94	164m 2	2 8				
10a. MSUAL OCCUPATION (Give kind of work done 10b. daying post of working life, even if refired)	KIND OF BUSINESS OR INDUST	RY THE BIRTHPLACE (Stole or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?				
Bonnerge		Manne		alsa.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	6	- 4				
15. WAS DECEASED EVEN IN U. S. ARMED FORCES? 18	LOCIN SECURITY NO. 127 W	- Jem	mi	The same of the sa				
(Yes, no, or unknown) (If yes, give wer or dates of service)	A	FORMANT	Address	1)				
No	None /t	5 17 Com Al	dan pursteen	4)				
PART I. DEATH WAS CAUSED BY:	40	- 0	1	ONSTI AND DEATH				
IMMEDIATE CAUSE (o)	cute Conga	start Tues	v Henlen	- sudden				
445 X DUE TO	1 1 + 1							
Conditions, if any, which [6]	ypullentin	<u> </u>		year				
(e), stating the underlying DUE TO	d()							
	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL	DISEASE CONDITION CIVEN	INI PART I/a) 10 WAS ALTORS				
PART II, OTHER SIGNIF, CANT CONDITIONS OF THE PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTION				PERFORMED? YES NO R				
206 DESCRIPTION OF CONTRIBUTING CONTRIBUTION	BE HOW INJURY OCCURRED (E	nter nature of injury in Port 1 or	Part II of item 18)					
3 20c. TIME OF INJURY Month, Doy, Year 20d	INJURY OCCURRED 20+ PLAC	CE OF INJURY (Home, form, 120	Of. (City or town)	(County) (Stote)				
20c. TIME OF INJURY Month, Doy, Year 20d Hour o, m. 19 wh	ile Not while lack vork ot work	ory, street, office bldg., etc.)						
21. I certify that I took charge of the	remoins described obo	ve, held on Autopsy], Inspection 风。	nquiry (A), and in my				
apinion death resulted from Natural		_		ined monner				
ACTUAL OF 10 B	1.1	CHIEF METHOD EVALUA	NED (T)	DATE SIGNED				
SIGNATURE party fono	shart	_M.D. CHIEF MEDICAL EXAMIR ASSISTANT MEDICAL EX						
EXAMINER'S EGAGRITRA	4x54>20	DEPUTY MEDICAL EXAM		21 1-0				
120 BURIAL CREMATION, 1216 DATE THEREOF	TO CA CA CEMETERY OF		LOCATION (City, town, or co	30-38				
Burial (Specify) 8/4/58	Arlington I		Arlington,	vonty) (Store) Virginia				
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC'D BY	the second of the second of the	S SIGNATULE				
	ethesda, Mar	0 0 0 0000	# 1CO F F 0 0 0 4	edic 1				



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ALTH DEPT. PLACE OF DEATH B. COUNTY **b. COUNTY** irrector. Page or your files. and of Health MARYLAND b CITY OR TOWN IT BUILD c. LENGTH OF STAY IN 16 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Middle 4. DATE Lost Month DECEASED OF DEATH (Type or print) 9 AGE (In year 5. SEX NEVER MARRIED | B DATE OF BIRTH DIVORCED T 0 0 0 d 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 8 RTHPLACE (Stofe or foreign country) e buo during most of working I fe, even if retired) William Brown Warner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immed one cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of Item 18.) Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town). 26c. TIME OF INJURY factory, street, office bldg , etc.) Hour o. m. While Not while of work at work 9. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . opinion death resulted from: Notural causes 🔼 Accident 🗍 Suicide 🧻 Homicide 🗍 Undetermined manner 🗍 Form DIREC ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE T shauld shauld bunker DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) Arlington National Myer, Cem. 70 burial 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR The S.H. Hines

VS A15ME

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived of institution Residence before admiss on) c. CITY OR TOWN (If outs'de corporate insits, write RURAL and a ve fleores) town) . IS RESIDENCE ON A FARM? YES NO 12 Year 1957 IF UNDER TYEAR IF UNDER 24 HIZS Months 12 CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO Z (County) DATE SIGNED 22d LOCATION (City, town, or county) (Stole) 246 REGISTRAR'S SIGNATURE Washington 9. D.C. DATE



1	X	
Z		>
1	To a)
1		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08118

Rea, Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) · COUNTY o. STATE b. COUNTY MARYLAND Md . Montgomery b CITY OR TOWN (If outside corporale fimils, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Silver Spring Park Takoma d NAME OF HOSPITAL (If not in hospital, give street address) & STREET ADDRESS e, IS RESIDENCE OR INSTITUTION ON A FARM? 8674 Piney Branch Road YES INO NAME OF Middle 4. DATE DECEASED (Type or print) DEATH 5. SEX AGE (In years / IF UNDER I YEAR) IF UNDER 24 HRS 6 COLOR OR RACE MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Months Doys Hours male white WIDOWED [7] DIVORCED [901 6 yrs 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Aircraft Inspector Westinghouse 13 FATHER'S NAME Co. 14 MOTHER'S MAIDEN NAME ---Hansbrough Edwin Hansbrough 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Silver Spg.Md. Hansbrough-8674Piney Branch Helen 1B CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate DUF TO couse (o), stoting the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10:119 WAS AUTOPSY PERFORMED? YES [NO K 28g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED Month Day, Year 20f (City or town) (County) (Slole) Hour factory, street, office bldg., etc.) O. III While Not while of work at work D. m 21. I certify that I attended the deceased from 12\L., that I last saw the deceased and that death accurred at 12/P. M. from the causes and on the date stated above. alive an ADDRESS (Street City or fown, stote) DATE SIGNED ACTUAL SIGNATURE ROBIN. M. D PINEY BRANCH ROAD PHYSICIAN'S NAME (Type) SILVER SPRING, MARYLAND 220 BURIAL CREMATION. 27b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) Burial

Prince

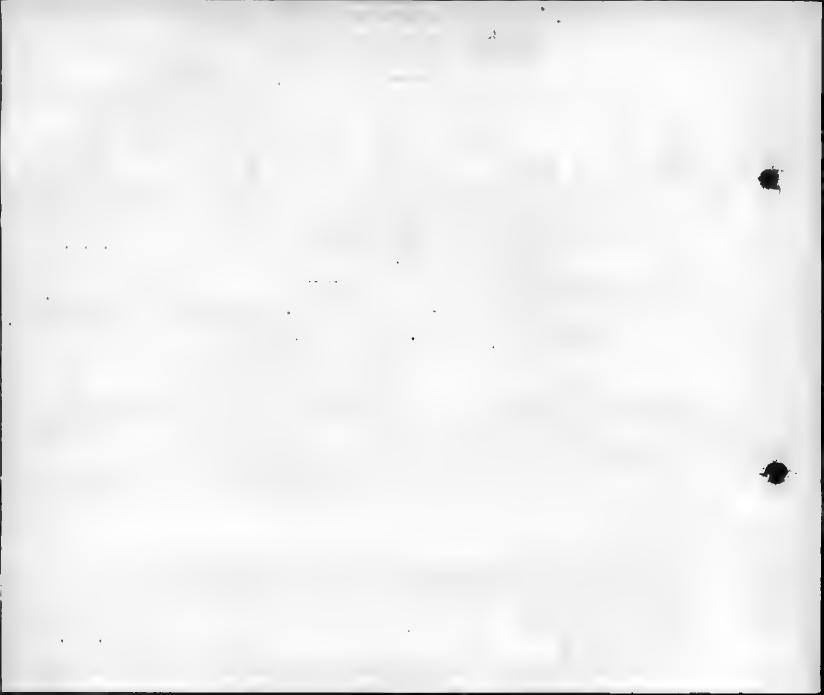
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VS A15 (4) 15M 10/57

23 EUNERAL DIRECTOR



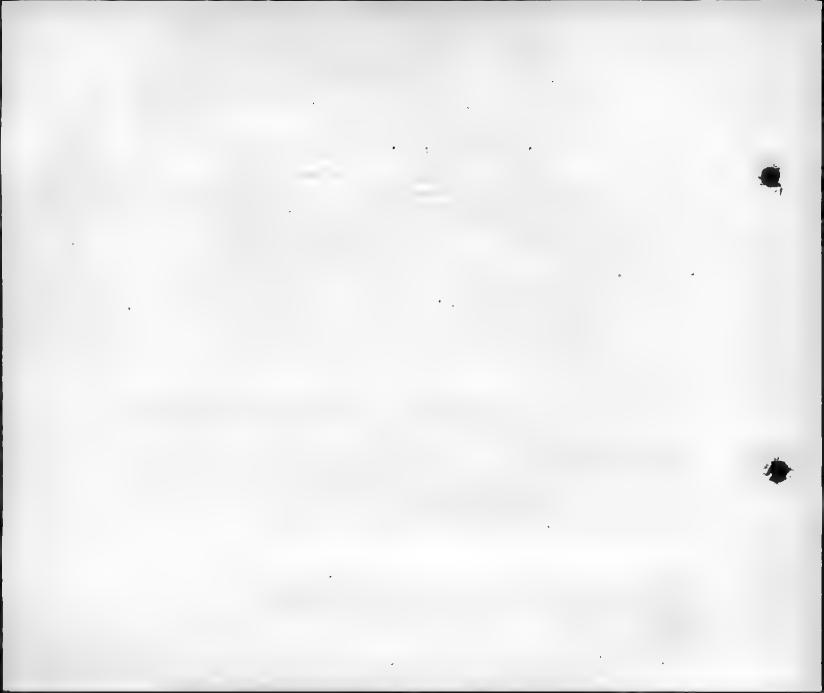
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■ CHOSPITAL OF ATTENDING PRISICIAN: The foar remuires that the death certificate be executed within 24 hours after death. Page and may be retained by the hospital or of adding physician. ■ TO FUNERAL DIRECTOR: After this center of the burial-transity permit. Then please many methon papers. Page 3 hourd for use of the burial-transity permit. Then please methon papers. Page is and 2 should be filled with the required purial, cremation, or removal, and in any event within 72 hours after death.	
s after death y the funero 2 should be	THE SECTION
thin 24 hour	
executed with a complete on papers. If death.	I
DHOSPITAL OF ATTENDING HTTSICIAN: The form remaines that the death certificate be executed may be retained by the hospital or of a dring physician is not been signed by the attending physician and campage 3 should be detached for use of the burial-transit permit. Then please may be made made a please action pages.	
the death ce attending ten please at within 72	
vires that i	
The for re ng physician s has been s ouriat-transil	
Il or all odinisis ce post the buse os the benefit of the benefit	
O HOSPITAL OI ATTENDING PHISICIAN: The form remaining by the hospital or of the design of the physician. O FUNERAL DIRECTOR: After this center of the hos been single good 3 should be detached for use of the buriat-transit the registror prior to burial, cremains, or remaining, or re	
ITAL OF A1 retained by RAL DIRECT should be d	
TO HOSP may be TO FUNEI page 3	1:
VS A15 (4) 15M 10/57	1/3/0

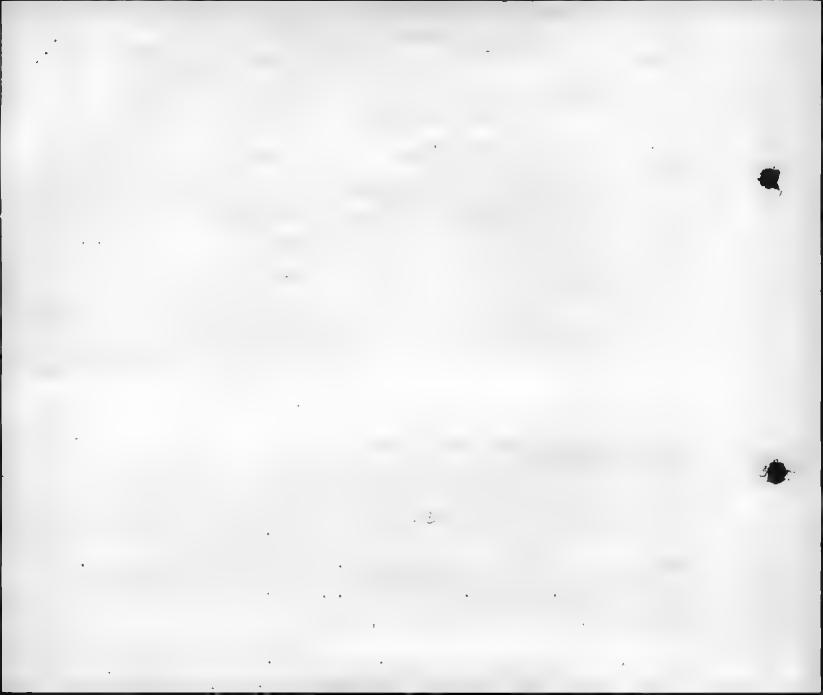
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(18119

8150 CERTIFICATE OF DEATH

		-VIV							11091 -11		
1. PLACE OF DEATH	Const.		MARYL	AND	2. USUAL RESID	_	ere decease	b. COUNT	IY		
b CITY OR TOWN (Iontgomery If outside corporate limit	s, write	c LENGTH OF STAY II	v 16	e. CITY OR TO		utside corpo	rate limits, write	nce Ger RURAL and g		
RURAL ond give n Bethesda	eoresi iown)		373 days		Bowie					6	n 2
d. NAME OF HOSPI OR INSTITUTION	FAL (If not in hospital, gi		oddress)		d STREET AC	ODRESS					RESIDENCE ON A FARM?
The Clinic	cal Center,	Beth	nesda ll. M	1.	no s	treet	addr	ress)		YE	S NO 🕜
3. NAME OF DECEASED (Type or print)	Jame		Middle Henry		tos Harke	r	4. DATE OF DEATH	W	July	Doy 6	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED	更	B DATE OF BIRTH			9. AGE (In year		TYEAR IF	JNDER 24 HRS
Male	White	WIDOWE	DIVORCED		August			19 yr	711100177710	Doys He	ours Min.
10a. USUAL OCCUPATION during most of wor	DN (Give kind at work of king life, even if relired)	lone 10b.	KIND OF BUSINESS OR	INDU	STRY 11. BIRTHPLA	CE (Stole o	or foreign c	ountry)	12 CITI	ZEN OF W	HAT COUNTRY
Carpenter	and wet even in temedi							lumbia	U	. S.	Α.
13. FATHER'S NAME					14 MOTHER'S	MAIDEN N	AME				
George W.	Harker				,	ie Cl					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. H	NFORMANT Th	e Med	lical	Record*	Idress		
No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		78-14-9836	T	he Clinic	al Ce	enter.	Bethes	da lh.	Mary	land
18. CAUSE OF DEA	ATH [Enter only one co	use per lin	ne for (a), (b), and (c).]	2						INTERVA	AL BETWEEN
	TH WAS CAUSED BY:			anc	1 000	u em	-			ONSET	AND DEATH
140.	IMMEDIATE CAUSE (6)		المارين المارين	.0-12							/1/4
			5211010 000				-/				
Conditions, if a	mmediate	-	siece par	mc	nay in	54 f	ficia	264		4	er et class
couse (a), sloting			F . 1	_	11.11.		/ .			-	2017
lying couse lost.) (c)		Emphysem		(bullous)		/				ears
PART II. OT	Conquestive		act failure		NOT RELATED TO		_	E CONDITION G	IVEN IN PART	, , , b	VAS AUTOPSY ERFORMED? S IQ- NO []
200. ACCIDENT WA	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRE	D. (Enter nature of	injury in P	ort I or Por	I II of item 18.)	****		
	Y Month, Doy, Yea	r 20d IN	JURY OCCURRED 2	Oe. PL	ACE OF INJURY (H	one form	20f (City	ne tewn)		ounly)	(State)
Hour o.m.	10	While	Not while	for	ctory, street, office	bldg., etc.	1	0. 70.77	10	oomy,	(sidie)
≨ p. m.		al worl					<u> </u>				
21. I certify th	at I attended the		A size	ıe	28, 1957	, to	July	<u>r 6 , 195</u>	<u>8.,</u> that []	ast saw	the decease
alive on	July 6	_, 12_5	8 and that a	Jeath	accurred at	3126	M, fron	n the causes	and on th	e date :	stated abave
	00.1	1	'				LDDRESS (S	reel, city or tow	n, slote)		DATE SIGNE
SIGNATURE COL	on 7. 40	fond	ann		Mp. The C	linic	al Ce	enter			7/7/5
	/ -	7, 1	ſ		Natio	mal I	nstit	utes of	Healt	h	-1-4-6-4-5
PHYSICIAN'S NAME (Type)	LAN F.	HOP	MANN		Bethe	sda]	li, Ma	ryland			
720- BURIAL, CREMATIC REMOVAL (Specify)		F	22c. NAME OF CEMET				22d. LOCAT	HON (City, town	or county)		(State)
Burial	9/9/58		St George	s C	Cemetery		Gler	nndale	Md.		
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			24a. REC'0	BY REGIST	1 1 3 4	GISTPAR'S SIG	NATURE	
F. Gasc	h's Sons	Hvat	tsville. M	d.		DATE JU	19 "	58 🕠	hear	wh	





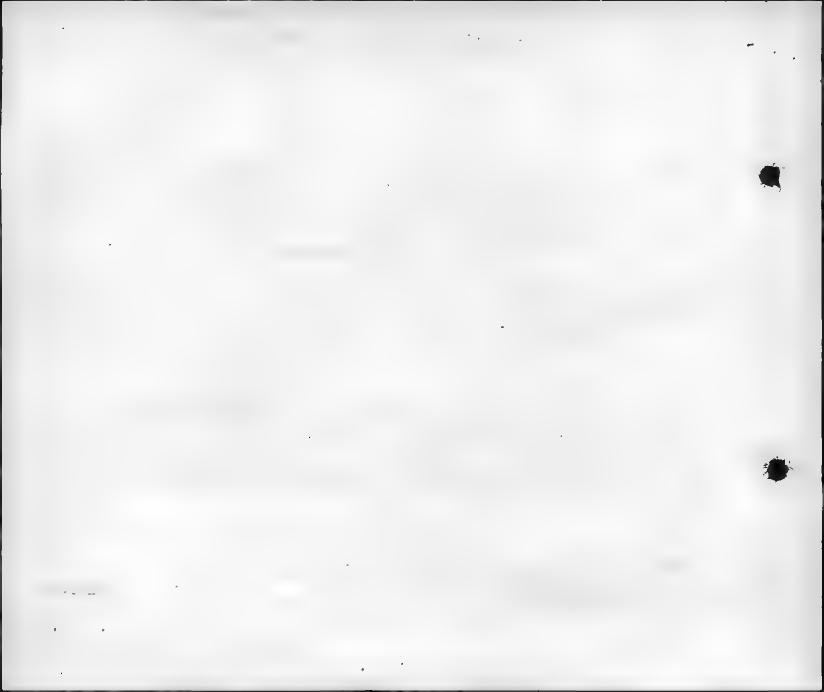
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

OTES CERTIFICATE OF DEATH

L			01			-	9. 93				Reg. Dis	t. No.		ジ
1.	PLACE OF DEATH					2. US	UAL RESIDENCE (WI	here deceas	ed lived. If	institution	n: Resident	ce before	odmis:	ion) +
	a. COUNTY MOT	ntgomery		MAR	YLAND	٥.	STATE Virgi	nia.	b. Ct	YTMUC				
	b CITY OR TOWN (IF	outside corporate limi	ls, write	c. LENGTH OF STAT	Y IN 16	C.	CITY OR TOWN (IF	outside corp	orote limits,	write RU	RAL and g	jive near	est lowr	i)
	Bethesda (F			7 Days			Arlin	gton		8	1 1			
	d NAME OF HOSPITA	At (If not in haspital, g	ive street	address)		ď	STREET ADDRESS					e		FARM?
U	S. Naval H	Hospital, H	Bethe	sda, Md.			3524	754 S	. Gree	anbr:	iar S	it.,		NOTE
3.	NAME OF DECEASED	Fir	of .	Middl	0		Last	4. DATE		Month	1	Day		Yeor
	(Type or print)	Jack		Austi	n	H	EATHERLY	DEATH	1	Jul	У	3	L	19 58
5.	SEX	6. COLOR OR RACE	7. MARS	RIED NEVER MARR	IEO DO B	DATE	E OF BIRTH		9. AGE (In		F UNDER	1 YEAR	FUND	ER 24 HRS
	Male_	White	WIDOW			29	July 1948	}	lost birt	hday) yrs	Months	Days	Hours	Min.
10	USUAL OCCUPATIO	IN (Give kind of work a	done 10b.	KIND OF BUSINESS	OR INDUST	RY 11	BIRTHPLACE (Stole	or foreign	country)		12. CiTI	IZEN OF	WHAT	COUNTRY
	None	my me, even il remed		None			Kentuck	. V				U.S.		
03	FATHER'S NAME					14. 8	MOTHER'S MAIDEN N	Y						
1	Floyd A. H	EATHERLY				Ne	ecie Marie	AUST	IN					
15.		IN U. S. ARMED FOR		SOCIAL SECURITY NO	0 17 INI	FORM	ANT			Addre	5%			
10	No. no. or unknown]	If yes, give war or dates of s	ervice)	None	Fath	er	, Floyd A.	TASH .	HERLY	(Sar	me As	#2)	
F		TH [Enter only one co	uen mar le			, ,	<i>y</i> 2 20 <i>y</i> 0 110			(*,*	-	TWEEN
		TH WAS CAUSED BY:	# Par 11	' /			. 0							DEATH
		IMMEDIATE CAUSE (o	1	250116/01	4	ax	Luge					10	77	02473
		DUE TO	-	1 11										/
	Conditions, if on		<u>رک</u> (tapholoc.	occal	<i>"</i>	Proum	DUCK	_			-2	W	rok
	gave rise to in couse (o), stating t			, ,	1		, , .							
	lying couse lost.) (c	12	cake Las	mah	5.6	5/28/10 1	Less	CAME	ac.		/	40	com
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DI	EATH BUT N	OT RE	ELATED TO THE TERM	INAL DISEA	SE CONDITH	ON GIVE	N IN PART	1(0) 19		AUTOPSY PRMED?
3														NO 🗆
CERTIFI	200. ACCIDENT WAS	S UNDERLYING [] CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Ente	r nature of injury in	Part Lor Pa	rt II of item	1B.)				
18	(IF EITHER, NOTIFY	MEDICAL EXAMINER)												
13	20c. TIME OF INJURY	f Month, Day, Yes	or 20d. II	NJURY OCCURRED	20e. PLAC	E OF	INJURY IHome, form	, 20f. (Cit	y or lown)		(C	County)		(Slole)
MEDICA	Hour a.m.	19	While of wor	Not while	facto	ery, sti	reet, office bldg., etc	-)				,.		, ,
2	p, m,			3.0	Taallar		ER 21	1000000	P	58				
		at Lattended the	deceas		July		19. 58, to 31			92	that I i	iast sa	w the	decease
	alive an 31	Jury	, 19	58 , and tha	t death c	>ccu	rred a 8:10A	M, fra	m the ca	uses ar	d on th	e date	e stati	ed abav
		1		, (7)				ADDRESS (itreel, city o	flown, st	lote)		D/	ATE SIGNE
	SIGNATURE CE	det 1771 7	9	er de	M	D 1	U.S. Naval	L Hosp	ital,	Bet	hesda	a, M	a. 7	1-31-5
				111										
	PHYSICIAN'S Ad	am G. Thor	p, J	LT,MC,US	N		U.S. Naval	L Hos	ital.	Bet	hesda	a, M	đ.	
22	P. BURIAL CREMATION			22c. NAME OF CEN					TION (City,					
	Bur 18	8-4-58_		Arlington					ngton			ia	(Stot	e)
1	DOLL TO TO	T J		MARK THUE OUT	TICK U	- T	Came oca 3	A State of the Lat		7 "	- 0			

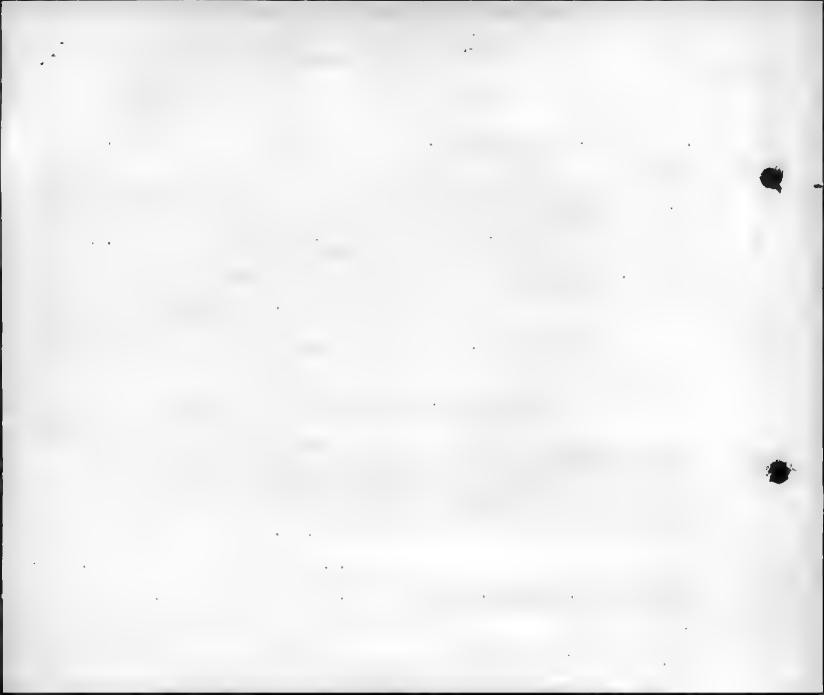
3524 Columbia Pike, Arlington, Va.

24a. REC'D BY REGISTRAR

DATE AUG 1

24b_REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 page 3 should be detached for use as the may be retained by the hospital of TO FUNEMAL DIRECTOR: After this VS A15 (4) 15M 10/57



thaurs after death: Page 4	in by the funeral director,	and 2 should be Fled with	
. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death; Page 4	may be retained by the haspital or attending physician TO FUNERAL DIRECTOR. After this cere has been signed by the attending physician and campletely the in by the funeral director.	page 3 shauld be detached for use and burial-transit permit. Then please remove carbon papers. Page and 2 should be filed within	The registrar priar to burial, crematian, ar remaval, and in any event within 72 hydrs after death.

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18								
,	8154 CERTIFICATE OF DEATH Reg. 1	Dist. No. (1)5124							
}	1. PLACE OF DEATH a. COUNTY Montgomery County Maryland 2 USUAL RESIDENCE (Where deceased lived If institution; Residual County Montgomery County Maryland	lence before admission)							
/	b. CITY OR TOWN (If autside corporate limits, write RURAL and give near RURAL and give nearest town) Silver Spring 8 yrs. Silver Spring								
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 2000 Osborn Drive 2000 Osborn Drive								
	3. NAME OF DECEASED (Type or print) Rudolph (NMI) Hellbach DEATH July 31, 19	Day Year 058 19							
	Male White WIDOWED DIVORCED 6/26/81 Igs' birthdoy) Manths	ER 1 YEAR IF UNDER 24 HRS. Days Hours Min.							
I		U.S.A.							
	Henry Hellbach Emelie Schwanebeck								
	15. WAS DECFASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) (If yes, give wor or doles of service) Address Pauline E. Hellbach, 2000 Osl								
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction 440.1 DUE TO	ONSET AND DEATH							
	Conditions, if any, which gave rise to immediate cases (a), stating the under tying cause last. Conditions, if any, which (b) Arteriosclerotic cardiovascular disease DUE TO (c)	10 year							
,	PAM IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART I(d) 19. WAS AUTOPSY PERFORMED? YES NO							
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur e. m. 19 While of work at work at work 19 at work 19 of wo	(County) (State)							
	21. I certify that I attended the deceased from July 1, 1958, to July 31, 1958, that alive on July 25, and that death occurred at 10:35 M, from the causes and on ADDRESS (Street, city or town, state) ACTUAL SIGNATURE 10511 Summit Avenue								
1	PHYSICIAN'S Horace Wright Bernton, M.D. Kensington, Mountgomery Cou	nty, Md.							
	22a. BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, Idwn, or county] BUR LAL. 8/2/58 PARKLAWN CEMETERY MONTGOMERY COUNTY.								
	23. FUNERAL DIRECTORS SIGNATURE WARREL & THEOREM SILVER SPRING, MD. 240 REC'D BY REGISTRAR 246 REGISTRAR'S S DATE AUG 4 '58	Such							



il director, filed with the funeral should be fil in b ottending physician n please remove car 72 hours

ofter death. Page

within 24

6 COLOR OR RACE S. SEX 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years lost birthday) rlale White March 11, 1873 WIDOWED FR DIVORCED | 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Contractor (retired Sueden 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Abraham Helsing Johanna Carolina Janson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 579-24-1143 Finar Helsing (son) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY Chronic myocarditis 4221 DUE TO Generalized arteriosclerosis, severe Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. Cerebral apoploxy: left hemiplegia - 3 yrs. 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not while None of work of work p. m. alive an June ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S George Dewey. M.D. NAME (Type) 0 720. BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 7/5/58 ROCK CREEK CEMETERY BURLAI 0 23 FWNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o, REC'D BY REGISTRAR VS A15 (4) SILVER SPRING. MD. DATE TITL 7 15M 10/57

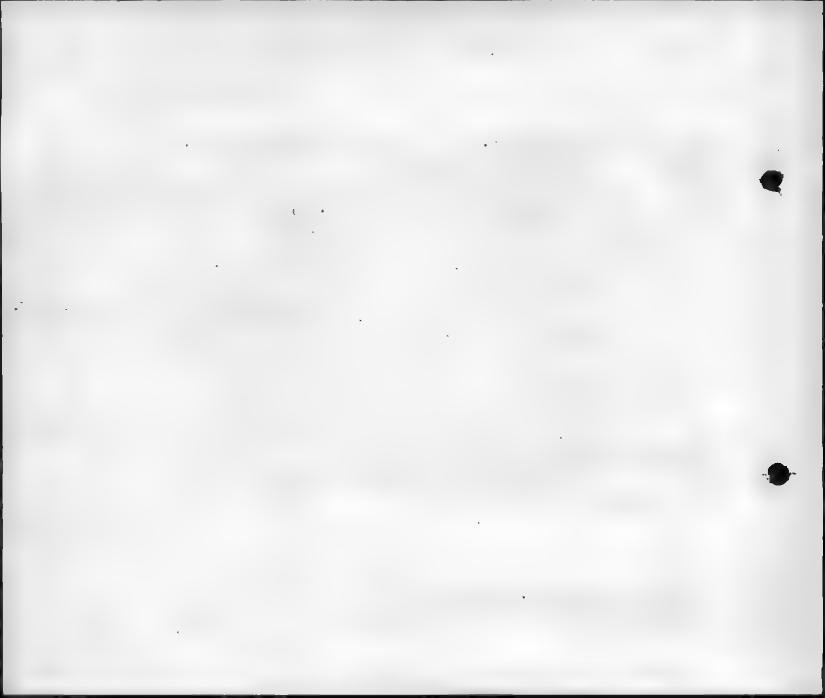
PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY o. STATE **B. COUNTY BLARY MARK** Monbgomery b. CITY OR TOWN (If outside corporate limits, write c CITY OR TOWN (If outside corporate limits, write RURAL and give regrest fown) c. LENGTH OF STAY IN 15 RURAL and give nearest town) Vrs. Silver Soring Silver Spring d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 1306 Dale Drive ON A FARM? AEZ | NO 1306 Dale Drive 3 NAME OF 4 DATE First Middle Lost Month Year DECEASED DEATH 1958 (Type or print) July JOH IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs 12 CITIZEN OF WHAT COUNTRY? Suedan 68h0 Glenbrook Road ONSET AND DEATH 18 no. L Vrs. PAW H. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO T (County) (Stote) and that death accurred at 9:35 DM, from the causes and on the date stated above 1629 Columbia Roadm N.W. 22d. LOCATION (City, fown, or county) WASHINGTON. D.C. 246-REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



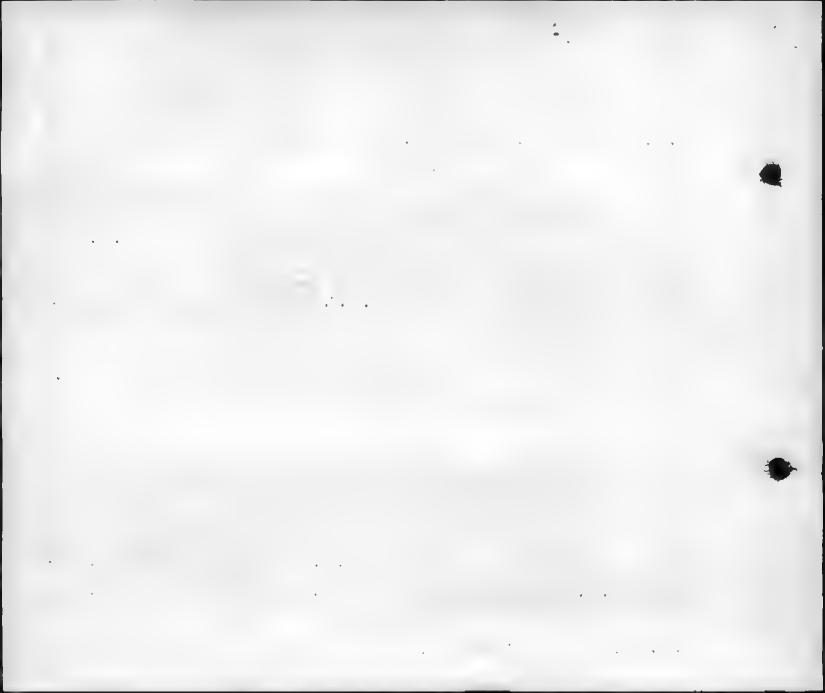
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

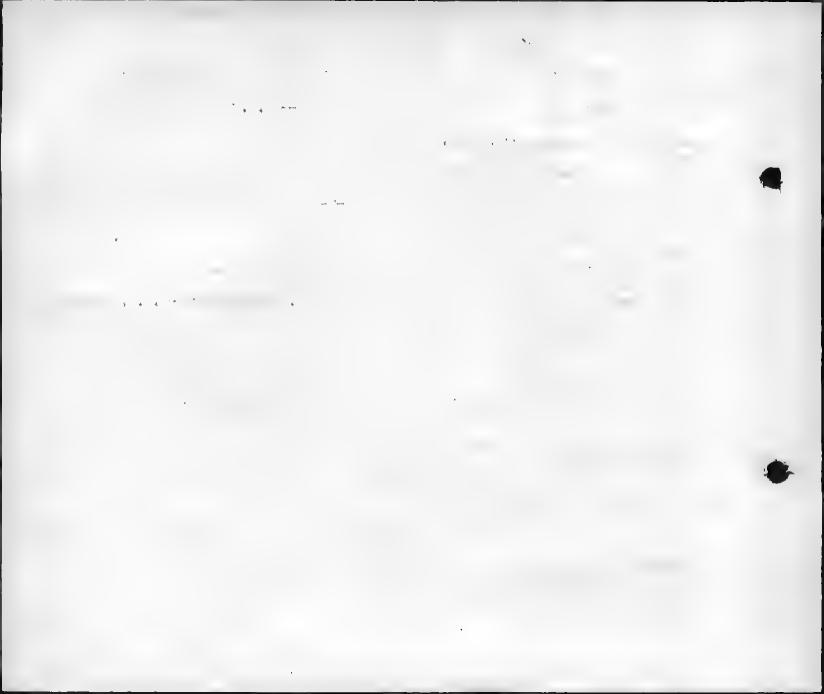


1	Them 18 Film 232 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08128
HEALTH DEPT.	11 PLAUS OF USAITS 11 7 USUAL RESIDENCE (Where placement loved 16 Institution, Parister	
S z d z	o. COUNTY MONTGOTTELY MARYEAND O. STATE Med 6. COUNTY M	enty
Tetra Miles	b. CITY OR TOWN If outside corporate limits, write RURAL and and garage recorst town.	give negrest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e 15 RES DEN
	1216 Craggett on 1216 Plan. The	ON A FARA YES TO NO 17
in the second	3 NAME OF DECEASED G First Month Lost 4 DATE Month	Doy Year
fer o	(Type or print) Debra Hilder branch DEATH July	1967
3 to and with with ours o	WIDOWED TO DIVIDENT TO THE TOTAL MONTHS TO	Doys Hours Min
ond 2 lo		PA
ZZZZZZ I	mone me	150
S S S S S S S S S S S S S S S S S S S	13. FATHER'S MAIDEN NAME	
orm l	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Addres	
ory and a	17m. no. of whiteowr) 1st you give wer or doles of services NONE Tarker Same as 2	
ng 18 ng s nd in	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	NITERVAL BETWEEN ONSET AND DEATH
Sir de	PART I, DEATH WAS CAUSED BY, Then titi? many	
Office How	Cenditions, if eny, which)	
pris Corio	gave rise to immediate couse (a), staling the underlying DUE TO	
min in on,	couse lost, (c)	
Exc Exc Exc Exc Exc Exc Exc Exc Exc Exc	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALD SEASE CONDITION GIVEN IN PART	PERFORMED?
odica be m	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 200 DESCRIBE HOW INJURY OCCURRED (Enfer notute of injury in Part I or Part II of Hem 18)	YES TO NO
, is		
÷ 0 % 2	Tour e.m. 19	oly) (State)
iting the oge prior		. 🖸
e, we sed to ent, Pent,	opin on death resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined m	- Land
fico' food food dog	1 1 1 1 1 1	
Certification of the motion of	SIGNATURE TRANK G. 1 DITT hand M.D. CHIEF MEDICAL EXAMINER []	DATE SIGNED
the sign	EXAMINER'S FLANK J. Broschz hat DEPUTY MEDICAL EXAMINER 17-2	2-55/
SFour ifs o	220. BUR AL CREMATION 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county)	(State)
2 4 b 2	Burial 17-25-58 Arlington Nat'l Cem. Arlington, Vi	rginia
5 A15ME 5M 2 57	23. FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY Bethesda, Md. 240 REC'D BY DEGISTRAR 240 TEGISTRAR 240 TEGISTRAR	LEX
2171 4 21	2075244XV6"	***



HOSPITAL





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

			RIPO		CEKIII	104	TIE OF DEATE	1		Reg. Dist.	No.	
		TGOMEI			MARYL	AND	2 USUAL RESIDENCE (WI 0 STATE MARYI		d lived If instituti b COUNTY			
- 1	b, CITY OR TOWN (RURAL and give n	If outside corp earest lown}	orote limits, writ	e c. LEN	IGTH OF STAY II	4 1b	c. CITY OR TOWN (IF	oulside corpo	rote limits, write R	URAL and giv	e nearest l	own)
_		SINCTO		10	10020		> KENSI	NGI ON			1 10	britane, .co
4	d. NAME OF HOSPI OR INSTITUTION	IAL (If not in I	hospital, give str	eet address)			d. STREET ADDRESS 9705 SU	MLIT	AVENUE		01	RESIDENCE N A FARM? NO
1	NAME OF (RE) DECEASED (Type or print)	v.) STEPH	First HEN		Middle J •	H	IOGAN	4. DATE OF DEATH	July	19	Day	Yeor 19 5
	EX	6 COLOR C	,,,,		NEVER MARRIED		B. DATE OF BIRTH		9 AGE (In years last birthday)	Months D	YEAR IF U	
	ALE	TII	by all and the second	OWED 🔲	DIVORCED	;	12-26-05		52 m	1		
	during most of wor	king life, even	if retired)	Ub. KIND C	F BUSINESS OK	INDUS	TRY 11 BIRTHPLACE (Stole	ar toreign c	ounicy)	IIZ CIIIZI		HAT COUNT
_	CATHOLIC ATHER'S NAME	C PRIE	22.1.				TRELAND	JAME			U.S.	Α
	-	они но	DO A NT						TYST A BERTY	OTTE		
^	WAS DECEASED EVE	R IN U. S. AR	MED FORCES?	16. SOCIAL	SECURITY NO	17. 15	IFORMANT		RY ANINE			10
4	NO or unknown!	Ilf yes, give wor :	or dates of service)			RE	N JOYN R	PRAT	W OMOE	^{res} kons Summi	Tug	on, W
ĺ	18. CAUSE OF DE	ATH Enter or	nly one couse pe	r line far (c), (b), and (c))	<u> </u>	<u> </u>			2 minin		BETWEEN
		ATH WAS CAU	ISED BY: A	cute		nar	v Occlusion	n			ONSET A	ND DEATH
ı	7	IMMEDIATE	CU025 [6]				s, General:				000	. 0
1	Conditions, if o	ny, which i					ial Infarc				云 12	iks.
	gove rise to i	mmediale (DUE TO		0 1113 00	C G JL CG	101 1111 CI O	02011				150 6
l	lying couse lost.	The Under-	(c)									
	PART IS OT	HER SIGNIFICA	ANT CONDITION	NS CONTRIB	UTING TO DEAT	TH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	VEN IN PART I	PE	AS AUTOPS REORMED?
	200 ACCIDENT WAR OR CONTRIBUTING	G CAUSE O	F DEATH	DESCRIBE H	OW INJURY OC	CURRED	(Enter nature of injury in	Part 1 or Par	t II of item 18.)			
	20c. TIME OF INJUI Hour o. m.	RY Month,	Day, Year 20k	J. INJURY C	OCCURRED 2	Oe PLA	CE OF INJURY (Home, farm lory, street, affice bldg., etc	20f (City	or town)	(Co	anty)	(Stot
	p. m			work 0				1				
ı	21. I certify th	nat i attend	ded the dece	eased fra	m. Apr	il.		11 19	1 <u>9</u> 58	that I la	st saw t	he deced
	alive on	Jul 15		<u> 58 .</u>	, and that o	death	accurred at@1:00					
ı		// /	1101		0				freet, city or town,			DATE SIG
ı	SIGNATURE A	un	of other	il a	leau,	^	10609 (Conco	rd St.		Jul	19-5
	PHYSICIAN'S NAME (Type)	Rober	t T. T	hiba	deau,	M. D	. Kensing	gto n	, Md.			
W 1 W	BURIAL, CREMATIC		E THEREOF	22c. N	IAME OF CEMET	ERY OF			TION (City town,		(:	state)
	BURIAL	7=2	3-58	M	CUNT C	LIV	ET. CEM.		SHINGTO		C.	
	FUNERAL DIRECTOR	'S SIGNATURE	/ pareces TC	3865	DORESSWAS]	H. St		D BY REGIST	. I [\lambda	STRAR'S SIGN	- /	
	THAMOTO	0. 00		CONT	TI CIT &	ח מ	. N.W. DATE	HLZZ	58 ("0)	is hime	~ " "	

in by the funeral director, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 the attending physicion and completely if Then please respect colon popers. Pages want within 72 hours after death. may be retained by the hospital or of this physician.

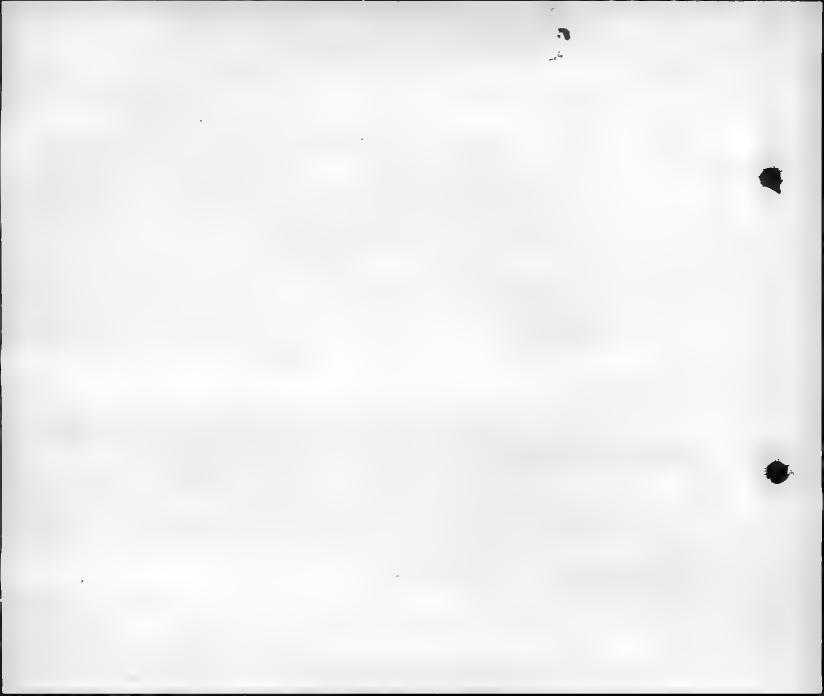
TO FUNERAL DIRECTOR: After this cert is hos been signed by the opage 3 should be detached for use as the burial-transit permit. Then the registror prior to burial, cremation, ar remaval, and in any event VS A15 (4) 15M 10/57



1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	08132
CATE OF DEATH Reg.	Dist. No.
2. USUAL RESIDENCE (Where deceased lived, If institution: Res o. STATE b. COUNTY	and the second second
Ma, Mi	ntermery
c. CITY OR TOWN (If outside corporate limits, write RURAL of	ind give neorest fown]
d STREET ADDRESS	e IS RESIDENCE
7113 SYCAMORE AVE	ON A FAPM?
HOOVE 4. DAYE OF DEATH JULY	Day Yeor 19 5 8
B. DATE OF BIRTH APR. 9, 1890 9 AGE (in years) Instrumed by 1890 9 AGE (in years) Mont	DER TYEAR IF UNDER 24 HRS hs Days Hours Min
	CITIZEN OF WHAT COUNTRY?
MARYLAND	USA
Jenny Finnes	4 2
7. INFORMANT Address	7 11
Minnie C HOVER (wife) 7113	SYCAMORE.
natosis of	Unde ley will ed
minal viscera	1/
Carcinoma of Urinary	1 Z'L Years
tder	
BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(a) 19. WAS AUTOPSY PERFORMED?
RRED Sehler notifie of multi-norm for Port II of item 18.]	CIT CE YES NO P
PLACE OF INJURY (Home, form, 20f (City or town) factory, street, affice bldg , etc.)	(Caunty) (Stale)
2 , 1956, to 1 4 kg 15, 195 Tho	I last saw the deceased
oth occurred ot 0 3 M, from the causes and o	n the date stated above.
ADDRESS (Street, city or town, state)	DATE SIGNED
MD. 1 5 33 Zeco Hern	1401-1-15
1 Silver Spring h	100 1958
Y OR CREMATORY 22d LOCATION (City, town, or coun	(State)
240 REC'D BY REGISTRAR 240 REGISTRAR'S	V/IQ -
I ZOU REC D'OI REGISTRAR ZOD REGISTRAR	J. VIANIUML



VS A15 (4) 15M 10/57

T_CJ

MARYLANE	STATE DEPARTM	ENT OF HEALTH-	-BALTIMORE, 1	8
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İ		8075 CERTIFIC	ATE OF DEATH	Reg. Dist	. No.
	1. [LACE OF DEATH MARYLAND	2. USUAL RESIDENCE (Where deci o. STATE	eased lived. If institution Residence b. COUNTY	befare admission)
	7	RIPA and give nearest/points Cleary Cleary Company Co	c. CIPLOR TOWN (H outside of	carporate limits, wette RURAL and give	re nearest town)
		OR INTERIOR AND STREET OF THE	132 Henrie	roke. HW	e IS RESIDENCE ON A FARM? YES NO
\		MAKE OF PECEASED Mary First gentrude	Hornaday DE	ATH 7	25 1958
	5 5	6 COLOR OFFICE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	10/3/169	9 AGE (in Years IF UNDER 1 Manths D	YEAR IF UNDER 24 HRS. Days Hours Min.
	y of	USUAL OCCUPATION (Give kind of work done of the find of Business on Acoduring most of working life, even if retired)	USTRY 11 DRTHPLACE (State or foreign	ign coentry) 12. CITIZ	EN OF WHAT COUNTRY?
	13	Frank W. Willis	Josephine.	Wichenson	وسا
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 no or unknown) (If yes, give wor or dotes of versice)	Horp Reend	Address	
		18. CAUSE OF DEATH [Enter only one cause posting for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) M. Dey Aug (reardilis or De	comp-	INTERVAL BETWEEN ONSET CHID DEATH
		11.3.3.1 DUE TO	Februlation.		2>
		gave rise to immediate cause (a), stating the under- lying cause last.			
٦	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PART	PERFORMED? YES NO
	CERTIF	200 ACCIDENT WAS UNDERLYING TO 2005. DESCRIBE HOW INJURY OCCUR- OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter noture of injury in Part I or	r Port 11 of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e Haur a. m. 19 While Not while at work at work at work 19	PLACE OF INJURY Home, form, 20f potary, street, affice bldg., etc.)	(City or town) (Co	unty) (State)
		21. I certify that I attended the deceased from	, 1958, to 7/	from the causes and on the	ast saw the deceased
		ACTUAL Forward / Divise		SS (Street, sity on lawn, state)	7/25/58
1		PHYSICIAN'S HOWARD MORSE	Takema/	Parla	Mal
	22o	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY 7/27/58 George Was		OCATION (City, fawe, or county)	(State) Coat Md.
		TIMERAL DIPECTOR'S SIGNATUREADDRESS	M.W. 240 REC'BOY RE	IGISTRAS8 246 REGISTRANS SIGN	VATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY 8 **b.** COUNTY MARYLAND 臣 death. the funeral should be (i b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (if outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION م م. 5 ق NAME OF First Middle DATE DECEASED OF (Type or print) DEATH completely popers. Pag 5. SEX 7. MARRIED T NEVER MARRIED B DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER TYEAR IF UNDER 24 HRS Months Days WIDOWED IX DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO permit. Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 206 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part Vor Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour a. n. While Not while at work at work p. m 19_50, that I last saw the deceased 21. I cortify that I attended the deceased from 21/2 ASM, from the causes and on the date stated above and that death occurred at_ DIRECTOR ADDRESS (Street, city or town, state) å prior 3 should PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OF CREMATORY 22d, LOCATION (City, town, or countr) REMOVAL (Specify)

ADDRESS

240. REC'D BY REGISTRAR

DATE

24b

REGISTRAR'S SIGNATURE

IS RESIDENCE

ON A FARM? YES 🗍 NO 🔀

Year

WAS AUTOPSY PERFORMED? YES 🗍

(State)

NO N

(Stote)

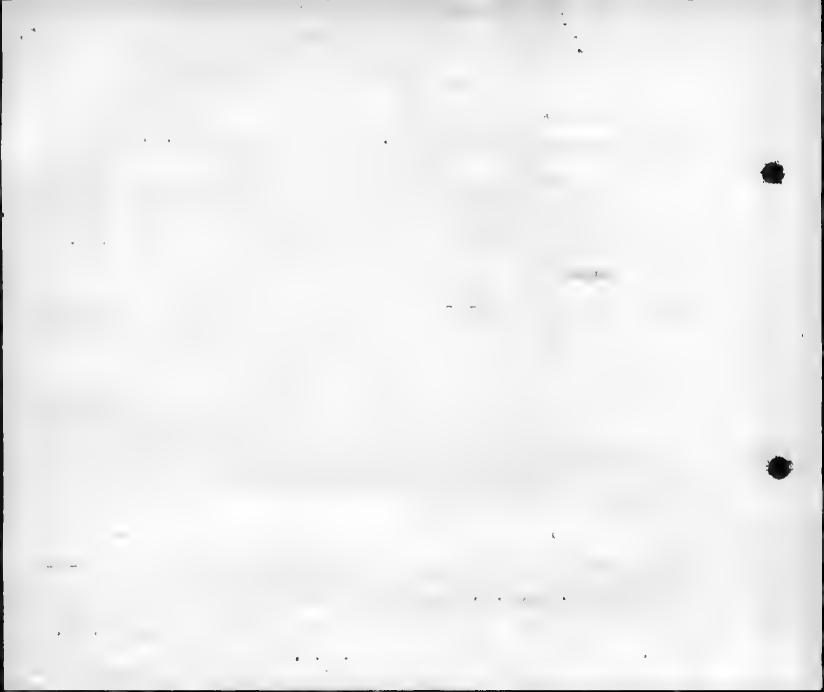
Hours

27 aGod 0 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE



	- MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	36465
> _	8162 CERTIFICATE OF DEATH Reg. Dist. N	05135
M	PLACE OF DEATH COUNTY MONTGOMERY MARYLAND ON DESTRUCT OF COlumbia County MARYLAND ON DESTRUCT OF COLUMBIA COUNTY	rfare odm ss an)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give recreat form) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give recreat form) Bethesda 447	nearest town)
50	or institution The Clinical Center, Bethesda 11, Md. d. STREET ADDRESS 5318 Colorado Avenue, N. W.	e is residence on a farm? YES NO
3.	NAME OF First Middle Lost 4. DATE Month DECEASED For print) Reu Ennis Hughes DEATH July	10, Year 58
5.	Female White WIDOWED DIVORCED December 29,1890 67 yrs Page (In years loss birthdoy) 67 yrs	AR IF UNDER 24 HRS
100	during most of working life, even if retired)	OF WHAT COUNTR
) 13	FATHER'S NAME I4 MOTHER'S MAIDEN NAME Frastus Hughes Sophia Blew	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address	aryland
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	NTERVAL BETWEEN NSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), staling the under-lying cause last. (b) OUE TO Lying cause last. (c)	(2 ym
CATION	PAIT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
GERTIE	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part Lor Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Low PLACE OF INJURY (Hame, form, foctory, street, office bldg., etc.) While Nat while of wark of wark of wark	y) (State
	21. I certify that I attended the deceased from May 19, 1958 to July 10, 1958, that I last alive on July 10, 1958, and that death accurred at 9:37 Am, from the causes and on the deceased from May 19, 1958, to July 10, 1958, that I last	saw the decease
	ACTUAL SIGNATURE M.D. The Clinical Center	7-10-58
/	PHYSICIAN'S National Institutes of Healt Name (Type) John P. Utz. M. D. Bethesda ll, Maryland	h
	Burial Cremation, 226. Date Thereof Port Lincoln Cemetery of Crematory Prince Georges C	(Slote)
	he S. H. Hines Company-2901 14th St. N date HI 1 4 158	



in by the funeral director, and 2 should be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

ding physician.

the has been signed by the attending physician and completely be has been signed by the attending physician and completely barial-transit permit. Then please remove carbon papers. Pages and provide the provided provided the provided provided provided the provided p

Then please remave carbon papers. event within 72 hours after death.

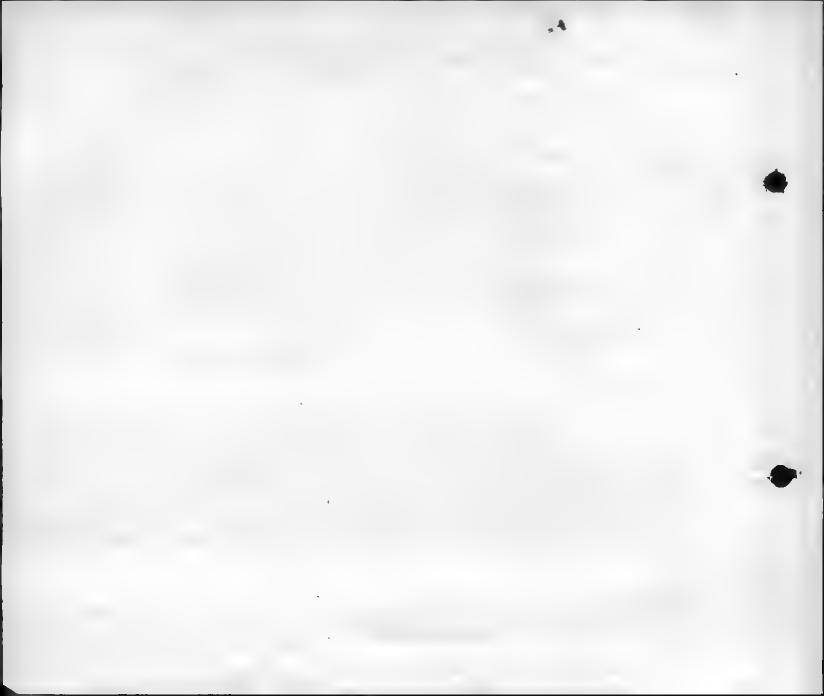
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may be retained by the hasp toll or of ding physis TO FUNERAL DIRECTOR: After this ce are has been page 3 should be detached for use assum burial-tro the registrar prior to burial, cremation, or removal,

VS A15 (4) 15M 10/57

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- 1		Reg. Dist. 110,
Н	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. STATE b. COUNTY
/	Maryland Maryland	Maryland Montgomery
	b City OR TOWN (If duside corporate limins, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
	alonia lack odays tolks	Silver Spring
J	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS () 6. IS RESIDENCE ON A FARM?
	Washington Dan + Hosps	100/2, Lorain 1-1/2 YES NOT
	3. NAME OF First Middle	Lost 4. DATE Month Day Year
	(Type or print) Pett A (IVIN) /-	141 VITZ DEATH July 25 1955
	5. SEX. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH) 9 AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min
	temale white widowed Divorced	Unknown 72 yrs Months Days Hours Min
	100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU- during most of working life, pren if retired)	STRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
	House wite	Kussin +1122.
	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Simon Gottleb	Z-15/18
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 19 SOCIAL SECURITY NO 17. 1	NFORMANT Address
		medical Records
	18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY: Bullimonia	of the right ling. One Week
	GAS.O DUE TO	A contract of the second
	Canditions, if any, which) (b) Club ory	lope fetereles (ne Week
П	gove rise to immediate couse (a), stating the under:	a A la T December
	lying course lost (c) Unit his hel	arole Heart sessence
n. I	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 495 X	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
		YES NO 🗆
	E LOR CONTRIBUTING □ CAUSE OF DEATH!	D (Enter nature of injury in Part I ar Port II of item 18)
	Hour a.m. While Norman for	ACE OF INJURY iHome, form, \$20f (City or town) (Gounty) (State) ctary, street, office bldg., etc.) }
	p. m. 19 of work of work	
	21. I certify that I attended the deceased from.	1956, to July 28, 1958, that I last saw the deceased
	alive on 19, 19, and that death	
	Children of	ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE MM WTHURK	M.D. 92/ (Marini) 27. 7-21-18
П	PHYSICIAN'S AW. DANISH	dilar. Ato Mad
	NAME (Type)	The state of the s
	220 BURIAL CHARTON, 276 DATE THEREOF 276 NAME OF CEMETERY	22d. LOCATION (City, town, or county) (Stole)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
	2 1000 CONTROL DE SINA 2500 115	240. RCO BY REGISTRAR 2415 REGISTRAR'S SIGNATURE
	12. N 10/1/20/10/10/10/10/10/10/10/10/10/10/10/10/10	DATE OUL 3



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MAR	YLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18	

8163 CERTIFICATE OF DEATH

-	<u> </u>	Reg. Dist. No.
1,	PLACE OF DEATH PUNITY MARYLAND	2 USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission) TATE HONEY THE PROPERTY OF THE PROPERT
	b CITY OR TOWN/III outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearly fown)	c CITY OR TOWN (If outside carporate limits, write RU(A), and give nearest/town)
H	d NAME OF HOSPITAL (If not, in hospital, give street address), OR INSTITUTION Wheaton Lane;	/d. STREET ADDRESS o is residence on a farm?
3	NAME OF PITST Middle	Lost 4. DATE Month Day Year
S		B DATE OF BIRTH 9 AGE (In years IIF UNDER 1 YEAR IF UNDER 24 HRS lost bighdat) Months Days Hours Min
10	USUAL OCCUPATION (Give kind of work done during wast of warking life, even if relired) DIVORCED DIVOR	144/1 1 / 1/16 Lf / 1/12
13	FATHER'S NAME	14. MORTIGUES MAIDEN NAME
	WAS DECEASED EVER IN U. S. ARMED PORCES? 16/80CIAL SECURITY NO. [17_1]	NFORMANY Address of P
17	es, no. or unknown) (11 yes, give wer or differ of service)	essee E, Hypor 1475 Wheaton have
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Thrombosis Perinternal SETWEEN COMMET AND DEATH -
	Condition II any which	usin
	gave rise to immediate couse (a), stoting the under- lying couse last	a O Disease.
ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 1 NO 16
CERTIFICATION	206 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Part 1 or Part II al item 18.)
EDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Pt. Hove o, m 19 While Not work of work of work	ACE OF INJURY (Home, form, 201. (City or town) (County) (State)
ľ	21. I certify that I attended the deceased from Dece	4. 19 0, to Still 1. 19 C, that I last saw the deceased
	alive on 12, and that death	accurred at 5/52 M. from the causes and an the date stated abave. ADDRESS (Street, city oc. town, state) DATE SIGNED.
	ACTUAL SIGNATURE SIGNATURE	MD. Morbeet 1:9138
27	PHYSICIAN'S WEBSTER SENELL BURIAL, CREMATION, 226 DATE THEREOF 220 NAME OF CEMELLY O	R CREMATORY 22d LOCATION (City, toward-founty) / (State)
23	BU-10 1/10/58 arlington	Tational artisty of la.
	Robert L. Surwden - Rochall	le Mes date JUL 1 1 '58 all Leauch



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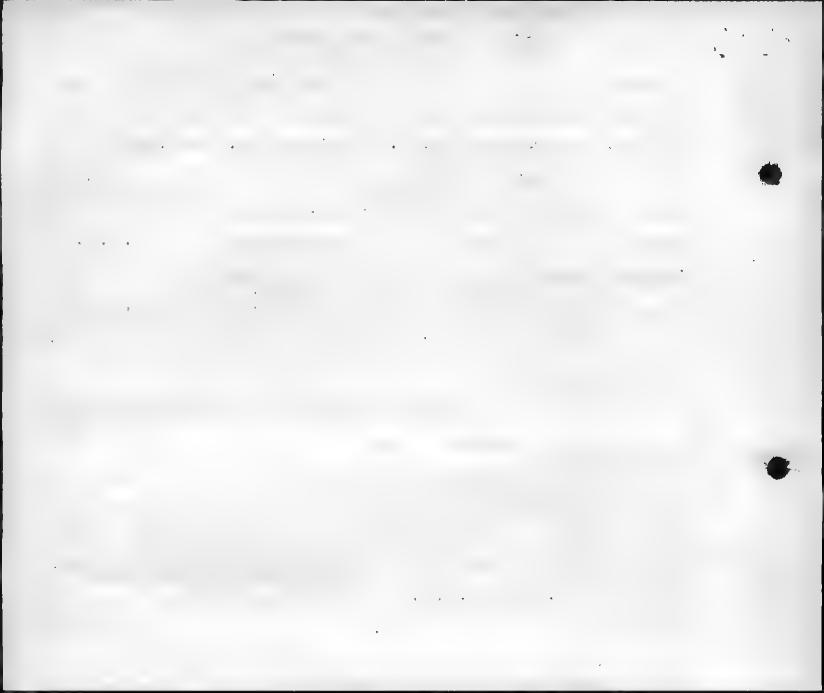
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8164

CERTIFICATE OF DEATH

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					Keg. Dili	, 1101
1. PLACE OF DEATH o COUNTY		MARYLAND	2 USUAL RESIDENCE (W. o. STATE		UNITY CHIEF	Péston ⁽¹⁾
Montgomery b CITY OR TOWN (if outside it	corporole limits, write	c LENGTH OF STAY IN 16	South Caro	ina outside corporate limits, s		EXMENT
RURAL and give nearest tow	p)			ourse corporors mans,	"7 "	o necresi iown)
Bethesda d NAME OF HOSPITAL (IF not	in hospital, give street i	11 days	d. STREET ADDRESS		2 1 X V	e. IS RESIDENCE
OR INSTITUTION						ON A FARM?
The Clinical C	First			ey St., Sto		YES NO TO
DECEASED (Type or print)		Middle	lost	4 DATE OF DEATH 311	Month	Day Year
	Robert	Sellwyn NEVER MARRIED T	Inabinett 8. DATE OF BIRTH	9 AGE (In		10, 19 58 YEAR IF UNDER 24 HRS
				lost birth	hday) Months D	lays Hours Min
Male Wh	12.00		June 6, 19		yrs 112 C1712:	EN OF WHAT COUNTRY
guring most of working life, a	even it refired}					_
Student 13 FATHER'S NAME	j B	lone	South Ca		U.	S. A.
_						
Reese Angus In		FOCIAL SECURITY NO. 17	Barbara		0.44	
(15 yes, give	wor or dates of service)	_ _	INFORMANThe Medi		Address	
NO 18 CAUSE OF DEATH [Ente			he Clinical (enter, Beth	esda 14,	Maryland
Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause lost.	e (DUE TO	tal Defect	Status	immediak	pottop	rotive.
Š		ONTRIBUTING TO DEATH BU TRIBE HOW INJURY OCCURR				PERFORMED? YES BE NO
OR CONTRIBUTING ID CAUS	E OF DEATH	SKIBE HOW INSURT OCCUR	co. (caler nature or injury in	ron i or ron ii or nem	0]	
ZOc. TIME OF INJURY Month Hour o. m. p. m.	While	UURY OCCURRED 20e P Not while of work	LACE OF INJURY (Hame, for actory, street, affice bldg., et	m, 20f. (City or town)	(Co.	unity) (State)
21. I certify that I alt alive an July 10 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Rober*		and that deat	h occurred of 1:40 The Clini The Natio		ises and an the	PATE SIGNED
270 BURIAL, CREMATION, 226.	DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	226. LOCATION (City,	lown, or county)	(Stote)
Bur-Transit 7	/15/58	Montg. Men	. Cemetery	Montgom	erv Al	labama
23. FUNERAL DIRECTOR'S SIGNAT	URE	ADDRESS	سنحصف فاختفانا الكالاتكا		REGISTRAR'S SIGN	
Robert A. F	umphrey	Bethesda. M	DATE .	IUL 1 4 '58 (398- 1 Res	eh
		THE THE PERSON S. A.			MA 11 -	



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2165

CERTIFICATE OF DEATH

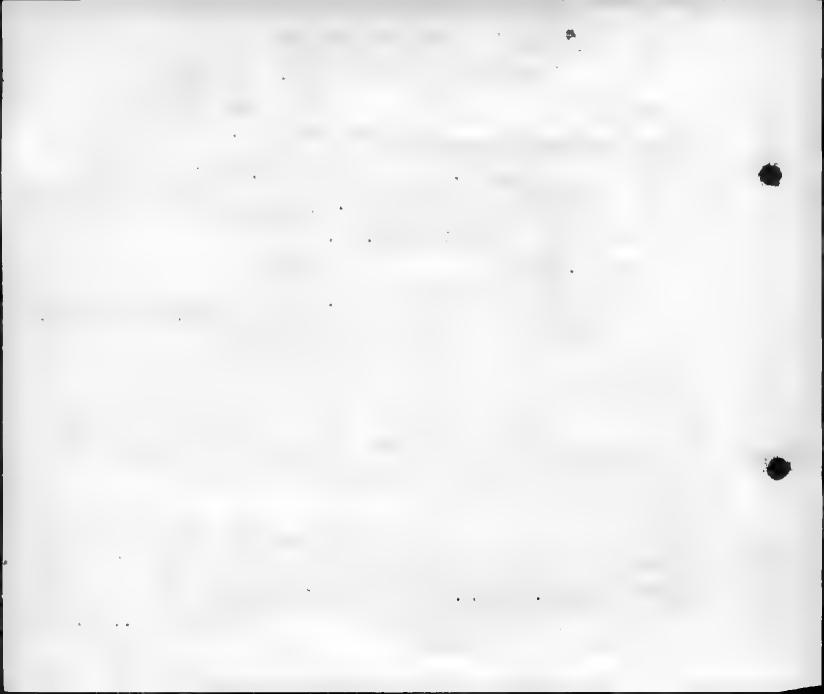
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DATE JUL 1 1 158

		041	, U									Re	g. Dist.	No.		
	E OF DEATH DUNTY	Men	tgem	ery	MARYLAI		USUAL RE	SIDENCE Md		ceased I	ived If insti	_		before o	dmiss o	n)
b. Cr RU	TY OR TOWN (II JRAL ond g ve nec Kensin	outside corporate limi arest lown) gton	ils, write	c LENGTH	OF STAY IN	1Ь	_				te limits, wri		L and giv	e nearest	fown)	
01	AME OF HOSPITA R INSTITUTION PRINGT	on Garde			Home	P	ion U	ADDRES!	ry R	d.					S RESID	ARM?
	NE OF EASED or print)	Willia	e.m	R.	Middle		Jenk	ins	Jr. 0	F EATH			1958		Ye 19	
	ale	6. COLOR OR RACE white	WIDOW	ED (5)	DIVORCED [5 00		4,18				y) Mo	INDER 1'		OUES	24 HRS Min
Est	timator	N (Give kind of work ng life, even if retired	h l	gswe]		ndustry	C.	_ `	lote or fore	_	* *		12. CITIŽ	EN OF W	VHAT C	OUNTRY
13 FATH	Willia	m R. Jen	kins			14	MOTHER	ers Maide								
		IN U S. ARMED FOR		-	URITY NO.	17 INFOR	mant Irs.	Srt	hur	Gar	idy,9			ton	-	
18		H (Enter only one con H WAS CAUSED BY.		ne for (o), (b), ond (c).]	D	Peor	mp	ens	ali	SILV		rge	ONSET	AND D	WEEN EATH
1 1 .	L50.0 onditions, if on	DUE TO		21	ews	ile	2001	20						7,	,	7
CO	ove rise to in use (o), stating thing couse last.	mediote (Due To														
CATION	PART II. OTHI	ER SIGNIFICANT CON		ONTRIBUTION	O DEATH	BUT NOT	RELATED	TO THE TE	RMINAL D	ISEASE (CONDITION (GIVEN I	N PART I	' ' P	ERFOR	TOPSY MED? NO Z
SEL 200 OR (IF I	CONTRIBUTING I	UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW	INJURY OCCI	JRRED (En	nter noture	of เกเบก	in Port I c	or Fort I	of item-18)					
ZOc.	Hour a.m.	Month, Day, Ye	ar 20d II While at wor	NJURY OCCL Not will at wor	rile	e. PLACE (factory,	of INJURY			. (City o	r Iown)		(Co	unty)		(State)
	21. I certify that I attended the deceased from James, 1957, to State 1, 1958 that I last saw the deceased alive on formally 1957, and that death occurred at 1457 the from the causes and on the date stated above															
ACT	TUAL NATURE	elliam	9	lun	el mar a	M.D.	C	7 10	-		et, city or to			dare		E SIGNED
РНҮ	(SICIAN'S	illiam D.	Aud,	M.D.				Se	lue	~ (Spr	~~~	9	m	4	
REA	RIAL, CREMATION	7-11-5		Dru:	of CEMETER		MATORY		22d	Ba.	L time	re g	C8.	, Md	(State)	
23 FLN	ERAL DIRECTOR'S	SIGNATURE A	107	W + 4PPS	hs Av	ze.		24a. R	EC'D BY R	EGISTR/	AR 24b. R	EGISTA	R'S SIGN	ATHRE		

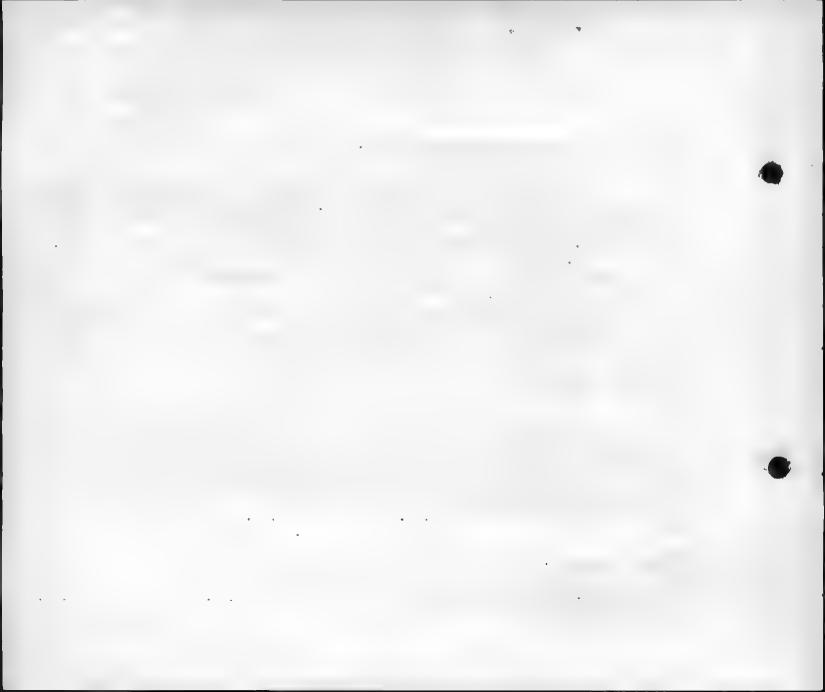
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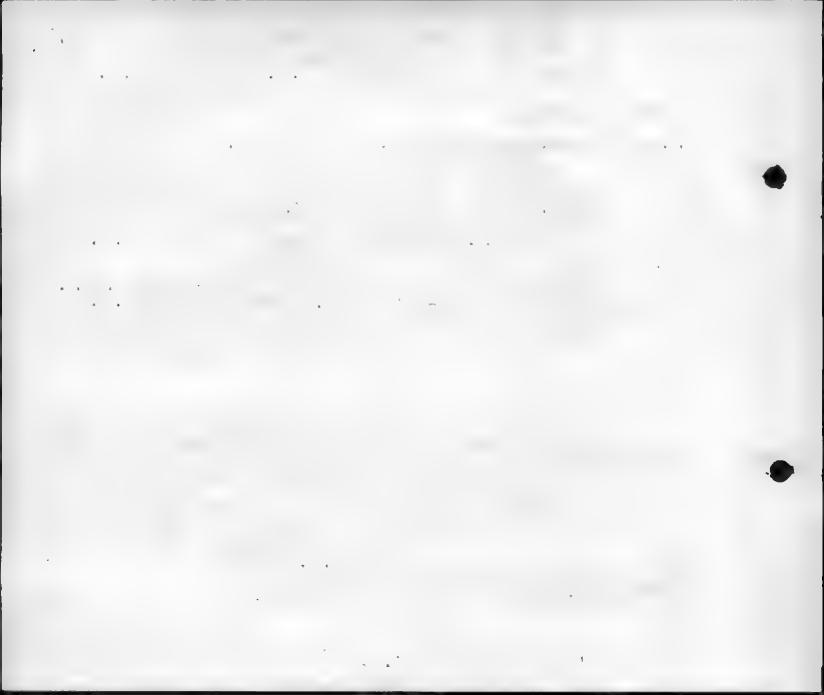
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	92.00					K42	J. UIST. 11Q.	
1, PLACE OF DEATH o, COUNTY			2. USUAL RES	IDENCE (Whe	re deceased lived.	. If institution Re	sidence befor	e odmission)
	rometry	MARYLAND	0.37216	Maryl		o. COUNTY	Baltimo	re
b CITY OR TOWN (if autside in RURAL and give nearest town	corporate limits, write n)	c LENGTH OF STAY IN TE	e. CITY OR	TOWN (If ou	tside corporate fin	nils, write RURAL	and give nea	rest fown) 🗸
Olney		3 hours		Baltim	iore			
d NAME OF HOSPITAL (IF not OR INSTITUTION	in hospital, give street o	address)	d. STREET	ADDRESS				N A FARM?
Montgomery Co			Inc.	3100	St. Paul	Street		YES NO K
3 NAME OF DECEASED (Type or print)	First	Middle	Lo	est	4. DATE OF	Month	Day	Yeor
	Edith	Hudson		nson	DEATH	_July	3;	19 58
5. SEX 6. COLO	OR OR RACE 7 MARRI	ED NEVER MARRIED	8 DATE OF BIR	™ 189	La lost	birthdayl Mas		Hours Min.
Female	White WIDOWE		May 18		68.	62-yrs	0073	HOUTS WIN.
10a. USUAL OCCUPATION (Give I during most of working life, e	kind of work dane 10b. I even if retired)	KIND OF BUSINESS OR INC	USTRY IT BIRTHE	LACE (State o	r foreign country)	12	CITIZEN OI	WHAT COUNTRY
MARKET Dent.	of Public	Welfare	, and the same of	/arvlar	nd		U.	S. A.
13. FATHER'S NAME	7.			S MAIDEN NA				
· ·	Hudson			λ.	fary Scha	mlt.		
IS WAS DECEASED EVER IN U.S.	ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Address		
200		Yes	Hospi	tal De	ecords			
18 CAUSE OF DEATH [Ente	er anly one cause per lin	e for (a), (b) and (c)]	BYBG.	Comments of	WOLLENS		INTE	RVAL BETWEEN
PART I, DEATH WAS CAUSED BY:								davs
Acute Myocardial Infarction 5 days								
Condition it are which a Dishetes mellitus							7.6	years
gove rise to immediate								, , , , , , , , , , , , , , , , , , , ,
touse (a), stating the under								
	FICANT CONDITIONS C	ONTRIBUTING TO DEATH B	IT MOT BELATED T	O THE TORKIN	AL DISEASE CONT	nition of the last	0.071/.1/20	I I I I I I I I I I I I I I I I I I I
O TAN W. OWER STORY		ONTRIBUTING TO DEATH B	JI NOI KELAIED II	U INC ICRMIN	IAL DISEASE CON	DITION GIVEN IN	I PAKI I(o) IN	PERFORMED? YES NO 12
PART II. OTHER SIGNI	LYING [] 20b. DESC E OF DEATH EXAMINER]	RIBE HOW INJURY OCCUR	RED. (Enter nature	of injury in Po	art For Part II of a	tem 18.)		
3 20c. TIME OF INJURY Month	, Day, Year 20d IN	JURY OCCURRED 20e	PLACE OF INJURY	(Home, form,	20f (City or tow	n)	(County)	(State)
Hour a m.	19 White of work	Not while	factory, street, affic	e bldg., etc.)			(======================================	(3.0.6)
				(Prov	03 60			
21. I certify that I att	ended the decease	rd from <u>イェブル。ウ</u>	<u>5, 19</u>	_, to	31.58	_, 19,tho	of I last sa	w the decease
alive on JULY	19_5	8_{-} , and that dec	th occurred at				on the dot	e stated above
ACTUAL		15		A	DDRESS (Street, ci	ly or town, state)		DATE SIGNE
ACTUAL SIGNATURE) Warn	100	_M.D.	Sandy	Spring,	Marylar	nd	
PHYSICIAN'S)	,						
NAME (Type) A. D.	Boni fant	MD		Sandy	Spring,	Marylar	ad	7.31.58
	DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	1	22d. LOCATION (C	ity, town, or cou	nty]	(State)
Burial 8	/4/58	Woodlawn C	emetery			n, Maryl		
23 FUNERAL DIRECTOR'S SIGNAT		ADDRESS)	24a. REC'D	BY REGISTRAR	240 PRODSTRAR		1
wm J. ILCORE	73	1+117/	net	DATE AU	G 5 30	000.11		



.1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOS	RE, 18
12.		* 8167 CERTIFICATE OF DEATH	Reg. Dist. No. 251
directo	1	PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND 2 USUAL RESIDENCE (Where deceased lived if o STATE D. C. b. Co	ounty D. C.
death.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BETHESDA. MD. (RURAL) 1 HOUR C. CITY OR TOWN (If outside corporate limits, write RURAL on give nearest town) WASHINGTON	write RURAL and give nearest lown)
ns offer		d NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION U.S. NAVAL HOSPITAL, NAMO, BETHESDA, MD. 5217 FOURTH ST., NE	e. IS RESIDENCE ON A FARM? YES NO
24 hou	3	3 NAME OF DECEASED (Type or print) Ross Leonard JOHNSTON DEATH	Month Day Year JULY 13 19 58
Pog.	\vdash	5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In lost birt)	n years IF UNDER 1 YEAR IF UNDER 24 HRS. Hidday) Months Doys Hours M.P.
nd compl n papers	1.	MALE: CAU. WIDOWED DIVORCED FEBRUARY 2, 1913 45 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ARMED FORCES U.S. MARINE CORPS ARKANSAS	12 CITIZEN OF WHAT COUNTRY
ician an	13.	13. FATHER'S NAME Lucian JOHNSTON 14. MOTHER'S MAIDEN NAME Julia SOUTHERN	
ng phys re remov 72 hour	15. (Ye		FOURTH ST., N.E. INGTON, D. C.
that the death by the attendi		18 CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c).] PART I DEATH WAS CAUSED BY [IMMEDIATE CAUSE [a] Cerebral metastalic causeman) 162.1 DUE TO Conditions, if any, which }	INTERVAL BETWEEN ONSET AND DEATH
requires on signed sait perm and in or		gove rise to immediate cause (a), stating the under-lying cause lost.	to the place of
The low physici has bee ricol-tran movel, o	CATION		PERFORMED? YES R NO
A STATE DO	AL CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	18.)
PHYSE this ce ir use a rematia	MEDICA		(County) (State)
ATTENDING by the hasp' CTOR: After e detached fa r to buriol, at		olive on 5011 12 , 19 20 , and that death accurred at 5722 M, from the con ADDRESS (Street, city of ACTUAL TO CONTROL	r town, state) DATE SIGNED
retained RAL DIRE Should by strar prio		PHYSICIAN'S JOHN W. TROY, CUR, MC, USN BETHESDA, MARYLAND	in, man
noy be noy be page 3 the regit			'own, or county) (Stole) ON, VIRGINIA
VS A15 (4) 15M 10/57	17	JOSEPH GAWLER'S & SONS WASHINGTON, D. C. DATE JUL 1 5 '58	REGISTRIES SIGNATURE



FOR STATE HEALTH DEPT.

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5 51	A M :	.15) 2,5	№ МЕ 7		
5 51	execute the cartificate, writing the d'pending" in pendil in lien, 18. Give Pages 1, 2, and 3 to the funeral d rec	.45) 275	№ МЕ 7		
\$ 5	A M :	45) 2,5	ME 17		

	ENT OF HEALTH—BALTIMORE, 18						
8168MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH Reg Dist. No. 18142						
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)						
a COUNTY MINTAMERY MARYLAND	O. STATE MA 6. COUNTY Monta						
b CITY OR TOWN (If and de corporate Entire write RUPAL et LENGTH OF STAY IN 16 and give negretal form)	c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)						
Silver spino 4 you	Melver strung						
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o. IS PEG DENCE ON A FARM?						
3. NAME OF A First JOHN Middle	lost 14 DATE Month Doy Year						
(Type or print)	OF						
Alleran Junio Inale	DATE OF BIRTH 9 AGE HI YOUR STEEL OF BUNDER 24 HRS						
mula by to WIDOWED D DIVORCED D	10-25-13 House brithdor) Months Days Hours Min						
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if refired)	RY 11. BIRTHPLACE (State or foreign county) 12 CITIZEN OF WHAT COUNTRY?						
surmer steen	Truce 115.Co						
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME						
John Kalesis	Kris Larizon						
(Yes, ac, or unknown) (If yes, give war or dates of service)	NFORMANT Address						
no 064-18-5848 E	Le Kaleniu (wife) 1424 Fenwick Lane						
18. CAUSE OF DEATH [Enter only one couse per I ne for (a), (b), and (c)] PART I, DEATH WAS CAUSED BY:	Silver Spring Md.						
IMMEDIATE CAUSE (0) Cornary De	clusion Jones deal						
4 of 1.1 DUE TO	in tred						
Conditions, if any, which (b)	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `						
(e), stoting the underlying DUE TO							
coure lost, (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY						
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED?						
200 EYTERNAL CALLER WAS 2000 DESCRIPE HOW INDERLY OF CLUBBED IN	YES NO [8]						
20b. DESCRIBE HOW INJURY OCCURRED (E PRIMARY OF CONTRIBUTING)	אין אין אווייט פאפעער פייני ווערנין אווייט אין אין אווייט פאפעער פייני ווער אין אווייט אין אין אין אין אין אין						
3 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 23e PLA	CE OF INJURY (Home, form, 120f, (City or town) (County) (State)						
Heur o.m. p. m. 19 of work of work	ory, street, office bldg., etc.)						
21. I certify that I took charge of the remains described abo	ve, held on Autopsy , Inspection A Inquiry Q, and in my						
opinion death resulted from Natural causes 📝 . Accident							
SIGNATURE SIGNED M.D. CHIEF MEDICAL EXAMINER []							
EXAMINER'S TO A ALL TO DISCONSTRUCTION ASSISTANT MEDICAL EXAMINER 7 /7 TO							
NAME (Type) /-///// U, /) rGSCN 2r	DEPUTY MEDICAL EXAMINER []						
220 BURIAL CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR REMOVAL (Specify) 7/21/58 GLENWOOD CEME	(2.2.4)						
BURIAL 1/21/36 GLERWOOD GERS. 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246 REC'D BY REGISTRAR 246, REG STRAR'S SIGNATURE						
Colaruly Co. Lumphrey SILVER SPRING							
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VS A15 (4) 15M 10/57

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ARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
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L	807	7 CERTIFICA	ATE OF DEAT	TH .	Reg. Dist. No.	
1	PLACE OF DEATH		2. USUAL RESIDENCE	Where deceased lived. If instr		odmission)
	Montgomery	MARYLAND	Mary	pland b. cour	Montg	omer4
4	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fowny)	c. LENGTH OF STAY IN 16	CITY OR TOWN	If outside corporate limits, wri	e RURAL and give near	est town)
	Takoma Park	12 de45	Silver	Spring		
	of NAME OF HOSP TAL (If not in hospital, give street of INSTITUTION Some for San	HOSD.	1025	Colesville	Rd.	IS RESIDENCE ON A FARM? YES NO M
3	NAME OF First	Middle	Lost	- 27.03 - 7.1.0	Month Day	
ı	(TEDESIA)	Gray 1	Keesee	OF DEATH	1. 10	1958
3		IED NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In yellost birthda	"	F UNDER 24 HRS
	Female White WIDOWE		June 25 -		Menths Days	Haurs Min
N	Oa USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (SIG	ole or foreign country)	12 CITIZEN OF	WHAT COUNTRY?
X.		Own home	Virgin	ia	71.5	A.
1	FATHER'S NAME		14 MOTHER'S MAIDEN	N NAME		
	dames Thompson		Fannie	Bourne		
1	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17	INFORMANT	4	Address	
	No	yes	Hospital	Records		
	18 CAUSE OF DEATH [Enter only one couse per lin	e for (a), (b), and (c)]	3 4/		OC INTES	VAL BETWEEN T AND DEATH
ı	PART 1, DEATH WAS CAUSED BY.	ardiac f	alluro c	Cerculator	y Collaiso	one how
	586× DUE TO Pa	souble The	roal tu	sperlande	in 1	0
	Conditions, if ony, which	ith whie	n gastro	intestinal t	eledino	flu how
	gave rise to immediate out to out to	enoses 104	allhinge	ter of ode	the of the	79
	lying couse fast.	esing other	toucker	e auna	ice /+	ome mon
3	PART II. OTHER SIGNIFICANT CONDITIONS C		NOT RELATED TO THE TER	MINAL DISEASE CONDITION	GIVEN IN PART I(0) 19	WAS AUTOPSY PERFORMED?
1	June & allen					YES NO YZ
1010101010000		TRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Port I or Part II of Item 18.)		·
1701007	20c TIME OF INJURY Month, Day, Year 20d. IN		ACE OF INJURY (Home, fo	orm, 20f (City or town)	(County)	(State)
100	Hour o. m. While of work		ctory, street, office bldg.,	elc.y		
	21. I certify that I attended the decease	Jana 1 au 4	19 4 L-10 Z	rilles 10 100	58, that I last say	u the deceased
	alive an 17 51 19	and that death	1-23	My from the cause		
1		777- /	1031/1	ADDRESS (Street, city or /g		DATE SIGNED
ı	SIGNATURE STATE OF THE STATE OF	Laughtlin	M.O. 204-0	Aliworth.	Mr Ldu	2 Jeans
			The state of the s		7-18-58	Thus
	PHYSICIAN'S KENNETH F. LAU	CHILINY			, , ,	
2	70 BURIAL, CREMATION, 226 DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	OR CREMATORY	22d LOCATION (City, low	m, or county)	(Stole)
	BURIAL 7/21/58	MONOCACY CEM	ETERY	MONTGOMERY		
2	S FUNERAL DIRECTOR'S SIGNATURE	ADDRESS SILVER SPRI		C'D BY REGISTRAR 245 RI	GISTRAR'S SIGNATURE	
L	varies to runginery) OTHIER SEKT	DATE DATE	1111 2 1 '58 C	Assuch	

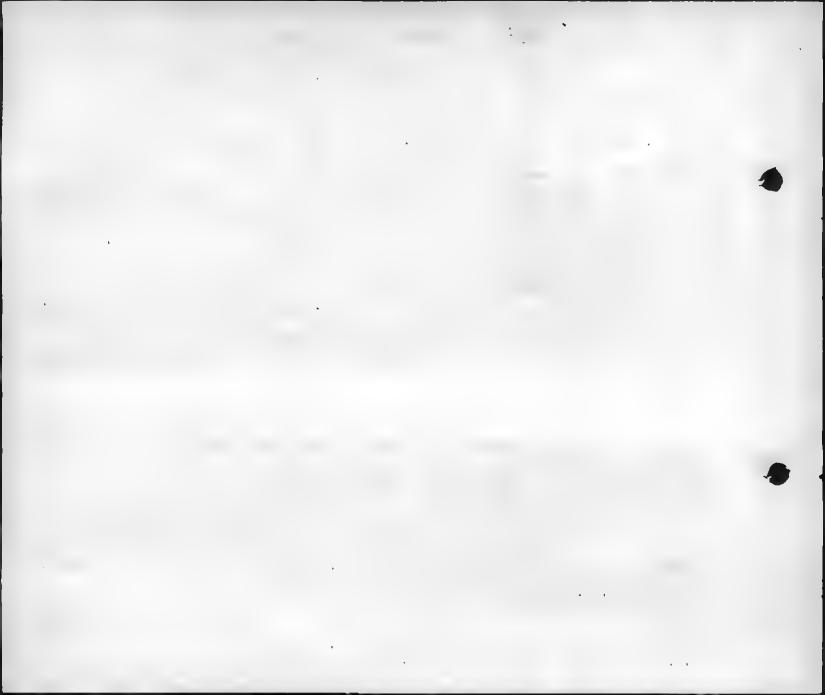


8170 **CERTIFICATE OF DEATH** Rea, Dist. No directar, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) 쟭 a COUNTY filed **b.** COUNTY MARYLAND Or, ORI b. CITY OR TOWAR (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town 면이 NAME OF HOSPITAL (If nation hospital, give street address) d. STREET ADDRESS e IS RESIDENCE COR INSTITUTION ON A FARM? malla YES NO NAME OF SINGIE Elva Middle 4. DATE Day Manth Year OF 186-1N1 (Type or print) NDR DEATH UU 19 5 within 5 SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF DINDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9 AGE (In years last birthday) Months Days Hoors Min WIDOWED & DIVORCED [7] 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired analan 13. FATHER'S NAME # 14 MOTHER'S MADOEN NAME 15 WAS DECEASED EVER IN U. S ARMED FORGES? 16. SOCIAL SECURITY NO 17 INFORMANT Address offending eose please within CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) RIOSCLO Then ent 420.0 **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause fast CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTP BUT NO TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? 0 YES 🗍 NO 📑 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) 20g ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Day, Year 20d. INJURY OCCURRED (County) (State) Hour e. n. factory, street, office bldg., etc.) While Not while at work at work UN = 25, 1955, ta VULV 6, 1957, that I last saw the deceased and that death accurred at 10.55 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE should may be retain O FUNERAL I page 3 shoul PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) 0 **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



HEALTH DEPT y delay is necessory, p'eare he funeral director. Page pined for your files.

certificate shouls be mecuted within 1st hours ofter death. If ony of "pending" in pencil in stem 18. Give Pages 1, 2, and 3 to the lated Examiner's Office along with form PM3. Page 5 may be used as a buriol-transis permit. File pages 1 and 2 with it do, cremotion, or removal, and in-any event within 72 hours after

execute the certificate, writing the 4 should be forworded to the Chi 10 TO FUNERAL DIRECTOR: Page 3 should be or its designated agent, prior to barial.

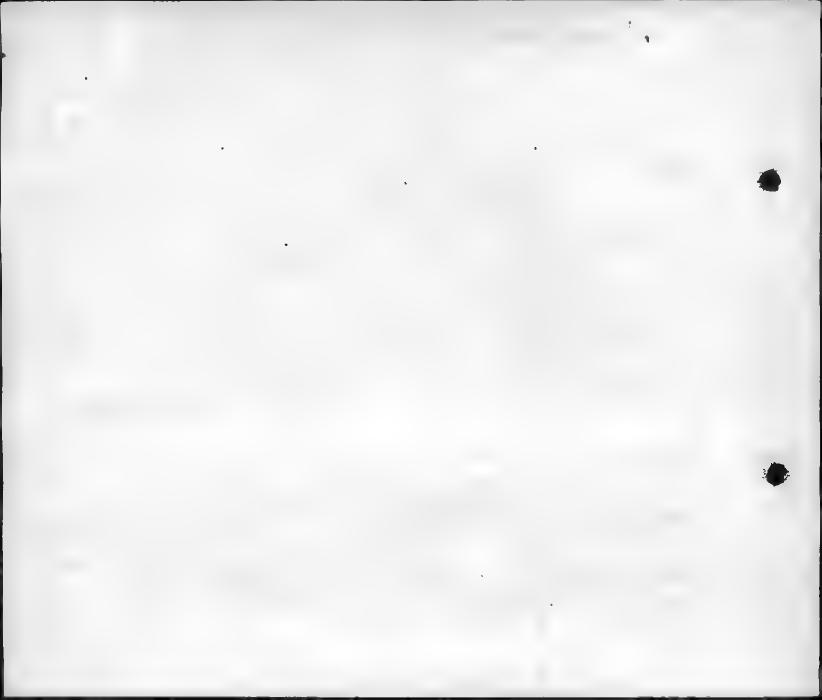
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THEORY MERICAL ETAMINER: This

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8078 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Reg.	Dist. No.				

}		COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (Where deceased fived if institution Residence before admiss on) 0. STATE Maryland b COUNTY Montg.					
	Ь	CITY OR TOWN If cultude corporate lim to write #UB: god give negret town! Takona Paak	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpored	e I mits, write RURAL and	give negrest tawn)			
÷	đ	NAME OF HOSPITAL OR INSTITUTION (15 not 23 Columbia Ave.	in hospital, give street address)	/ STREET ADDRESS / 23 Columbia Ave.		e. IS RE LIVE LONG A FAR THE MES NO INC.			
	1	NAME OF First DECEASED (Type or print) George	Judson King	Loss 4 DATE OF DEATH	July 4, 1	958 19			
		male white wi	MARRIED NEVER MARRIED 6.	4/19/1872	BO yrs Months (YEAR IF UNDER 24 1485 Days Hours Min			
	10a WI	USUAL OCCUPATION (Give hind of work done luring most of working life, even if refired)	106 KIND OF BUSINESS OR INDUST Same	NY TI. BIRTHPLACE (State or foreign count)	y) 12. CITIZ	EN OF WHAT COUNTRY?			
	13.	Not Available	-	Not Available	within all a	W			
1		WAS DECEASED EVER IN U. S. ARMED FORCES (If you, give wer or dates of service	•1	Wife	Address	~=			
		18. CAUSE OF DEATH [Enier only one couse present in DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) A DUE TO Conditions, if any, which gave rise to immediate cause (o), stoling the underlying couse tost. [C]	er line for (a), (b), and (c).] Acute Congestive H	eart Failure		INTERVAL BETWEEN ONSET AND DEATH Sudden			
*,	CERTIFICATION	Bladder Infect	ion	NOT RELATED TO THE TERMINAL DISEASE CO	and the second s	1(0) 19, WAS AUTOPSY PERFORMED? YES NO P			
	MEDICAL C	20c. TIME OF INJURY Month Doy, Year Hour o. m. p. m. 19	20d INJURY OCCURRED 20e PLAC While Not while facts at work of work	CE OF INJURY (Home, form, 20f. (City or fory, street, office bldg., etc.)	lown) (Cour	(State)			
		21. I certify that I taak charge af apinion death resulted from: Nati			ection [2], Inquiry], Undetermined m				
F _3		ACTUAL SIGNATURE STATE OF THE PROPERTY OF THE	what	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER		DATE SIGNED			
	0	NAME (Type) Frank J. Bros BURHAL CREMATION, 22% DAYE THEREOF REMODERATES ACION FUNERAL DIRECTOR'S SCHATTPE	225, NAME OF CEMPTERY OR. ADDRESS ACIO 12 2011	CREMATORY 2747 LOCATION LYYLLAM 240 REC'O BY REGISTRAR	Gera Cour	(5 ore) MA-			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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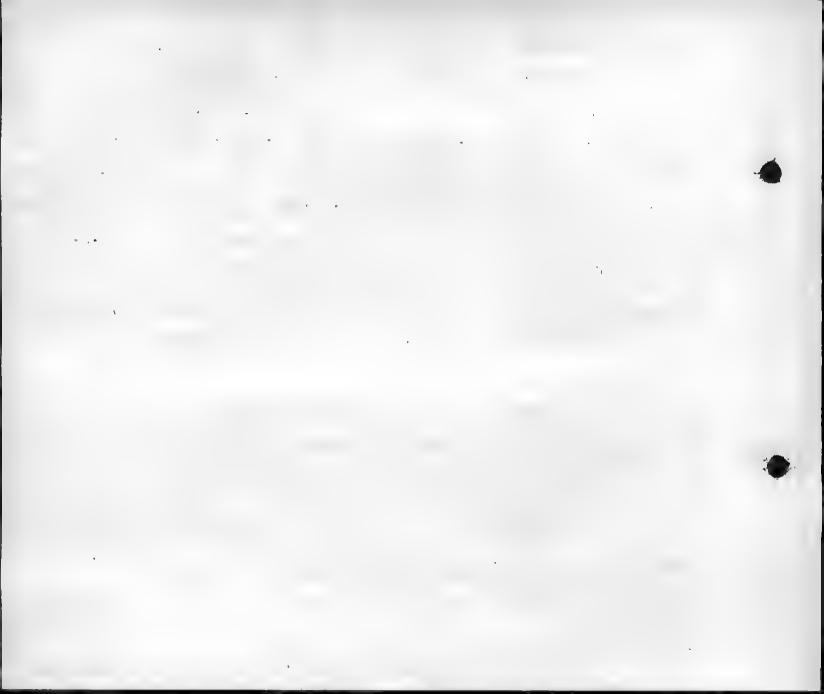
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation PLACE OF DEATH a. COUNTY b. COUNTY b. CITY OR TOWN (If outside perporate limits, write RURAL c. LENGTH OF STAY IN 16 and give nearest lovin). lakomos aRIL d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NAME OF Middle DATE Lost Month DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED D. S. DATE OF BIRTH 9. AGE (in years tout burthday) WIDOWED | DIVORCED 2 YES. 10g, USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bay Poges vn. 500 900 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE OF THE Charle **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? Mackey 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of Item 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or factory, street, affice bldg., etc.) 1958 at work at work 4:04 p.m. 21. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection forwarded to the Chief benefit by Funeral Director: death resulted from: Natural causes , Accident . Suicide Homicide I. Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE > ASSISTANT MEDICAL EXAMINER Mosenary NAME (Type) DEPUTY MEDICAL EXAMINER 🔝 72b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY RJANOYAL (Specify) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR' VS. A15ME(5) ONTE JUL

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Reg. Dist. No. 2. USUAL RESIDENCE (Where decaded fived. If Institution: Residence before admission) c. CITY OR TOWN (If officide corporate limits, write RURAL and give hearest town) a. IS RESIDENCE ON A FARM? YES NO IF UNDER TYPAR IF LINDER 24 HRS. Months 12. CITIZEN OF WHAT COUNTRY? merica Keeneds INTERVAL BETWEEN ONSET AND DEATH Butter NO T (County) (State) **DATE SIGNED** 72d. LOCATION (Cry, Jown, of courty) (Stote)



1SM 10/57

YES 🔀 NO 🗌

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Rea, Dist. No. 2 USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) h COUNTY c. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest lawn) e. IS RESIDENCE ON A FARM? YES NO DO Month Doy Year 58 July 30 10 IF UNDER 3 YEAR IF UNDER 24 HRS Months Doys 12 CITIZEN OF WHAT COUNTRY? U.S.

Address

INTERVAL BETWEEN ONSET AND DEATH PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

(Stote) (County)

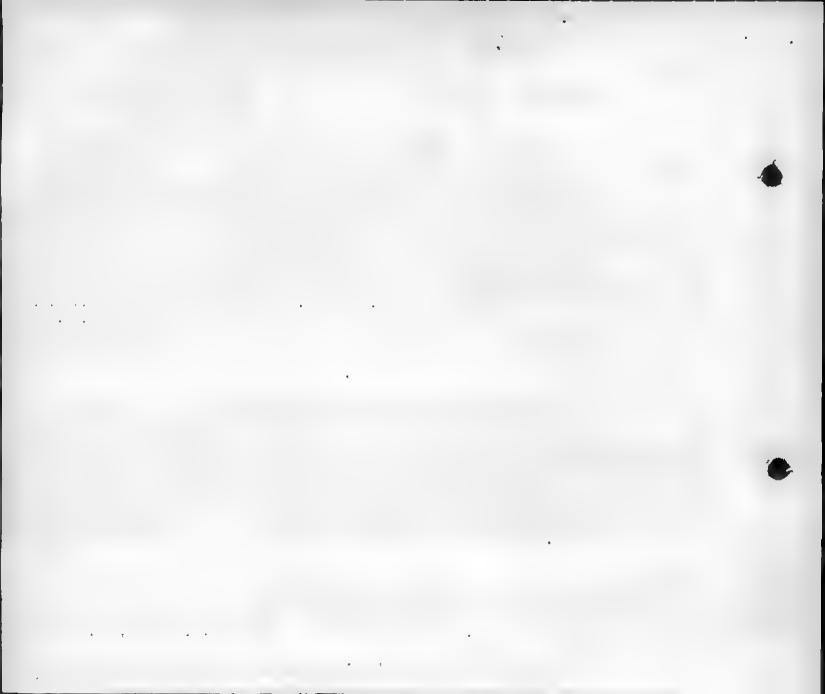
and that death accurred at 5:30A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state)

U.S. Naval Hospital. Bethesda. Md.

22d. LOCATION (City, town, or county) (State) Prince George, Maryland 246 REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08154 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o COUNTY **b. COUNTY** gome MARYLAND out death. CITY OR TOWN (If outside condorate limits, write ENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) RURAL and give neacest lown) should Mours Washington Takome Tark d. NAME OF HOSPITAL (If not in hospital, give street pridress) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Kennedy YES THOSE · arium 7 Washington DATE. Middle Month Year DECEASED Marth DEATH 1958 undsau (Type or print) 5. SEX 6. COLOR OR RACE AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH Months DIVORCED T WIDOWED [3 yrs 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland u.s.a Homemaker Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Buswell USAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (If yes, give war or dates of service) Mrs. Susie B. Broadhurst, 1400 Holly St., N.W. no none Washington Date Between 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO couse (a), sloting the underlying couse lost PART II. OTHER SIGNLEICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19. WAS AUTOPSY PERFORMED? YES X NO 20a ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, ¿ 20f. (City or town) 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour o. m While Not while of work | of work p. m 121958 15. 19 that I last saw the deceased 21. I certify that I attended the deceased fram. and that death occurred at PM, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) ACTUAL FUNERAL NAME (Type) RUSSE / 220 BURIAL CREMATION, 226, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) BURTAT 7/16/58 FT. LINCOLN CEMETERY PRINCE GEO. COUNTY. MD. 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR SILVER SPRING, MD. Vs. A15 (4) 158 1SM 10/57

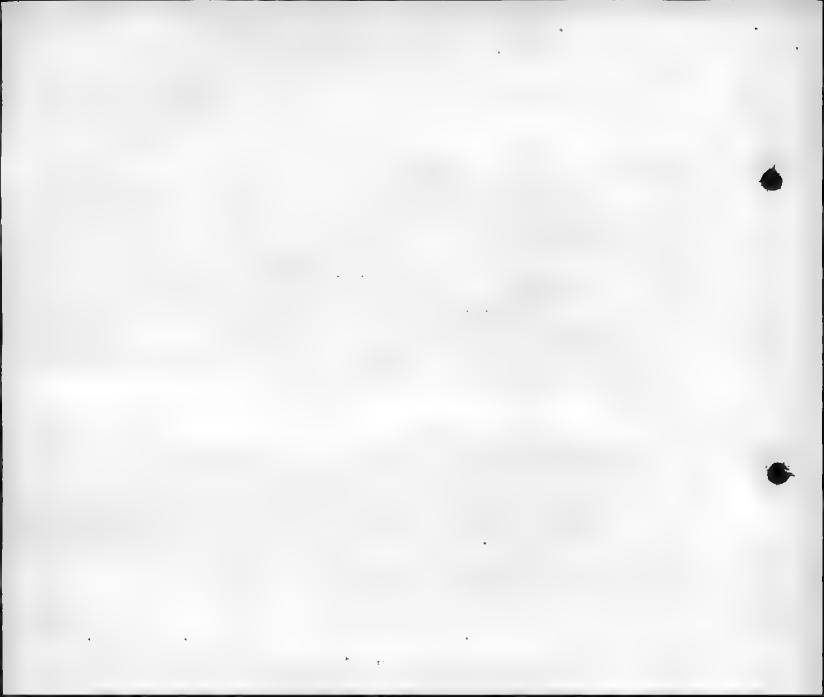


VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8081 **CERTIFICATE OF DEATH** 08155

-	-		key, Dist, No.
		1. PLACE OF DEATH O. COUNTY MON + GOME Y (4) MARYLAND 2 US	STATE b. COUNTY Montage STATE B. COUNTY Montage TARRESIDENCE (Where deceased fixed if institution Residence before odm ss. on) STATE B. COUNTY Montage TARRESIDENCE (Where deceased fixed if institution Residence before odm ss. on)
	-		CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
	10	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	STREET ADDRESS e IS RES DENCE ON A FARRA?
	1	Washington Sanitarium a Hospital 199	7/1 lenbrook Dr YES NO B
		OFCEASED (Type or print) Blanche Louise	Lockard DEATH July 24 1958
	5 5	5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE	E OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 KFS In the state of the
1	10a	100 USUAL OCCUPATION (Give kind of work done during most of, working life even if retired) Clerk Clerk	1. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY 1. C
/	13.	12021101	MOTHER'S MAIDEN NAME
	Ě		COORDOX POR TO PORT IVY LOUISE LEWTON
	[Yes	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO (17 INFORM. (18 Inc. or unknown) (18 yes, give wor or dotted of service) 214-32-9403	+ Old record. Jame as above.
		19. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	OP 1011 DEATH
		DUE TO	to reflicus "montes
		Conditions, if any, which by gove fise to immediate	
		couse (a), stating the <u>under-lying cause lost.</u> DUE TO Lying cause lost. (c)	
<u></u>	CERTIFICATION	PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES X NO
	CERTIF	206 ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	or nature of injury in Part I or Part II of item 18.)
	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 19 White Not white of work at work	INJURY (Hame, farm, 20f (City or town) (County) (State) reef, office bldg., etc.)
		21. I certify that I attended the deceased from 1-23.	1955, to 7-24, 19) 8, that I last sow the decease
		olive on 7-74, 19-8, and that deoth occur	
,		ACTUAL SIGNATURE SIGNATURE MD.	927 Perstruig of 7-24-78
E		PHYSICIAN'S A.W.D. ANISH	Litre Aping Keel.
	220 CR	220. BURIAL CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OR CREMATION 7/26/58 FT. LINCOLN CREMATION	
		23 FUNERAL DIRECTOR SIGNATURE / ADDRESS	240, REC'D BY REGISTRAR 24L/ REGISTRAR'S SIGNATURE
	11.	Warner & tumphrey, SILVER SPRING. MI	Date JUL 28 '58 Wilheauch



director, filed with I, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY be filed MARYLAND death. b. CITY OR TOWN (If outside corporate limits write c JETTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 RURAL and a ve neorest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS 711 OR INSTITUTION in to NAME OF 4. DATE Middle OF DEATH within 24 (Type ar print) 5. SEX 9. AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birtiday) WIDOWED | DIVORCED | be executed 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, EARTHPLACE (Stote or foreign country) during most of working life, eyen if retired) Ref. Red -Salesman Grocery Boston Miles -Salesman puo Grocery 13. FATHER'S NAME John Lord Marv E. Mason 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT CAUSE OF DEATH [Enter only one cause per lige for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4-20,C DUE TO thot Conditions, if any, which signed gove rise to immediate **DUE TO** couse (a), stating the underlying couse last. **Surial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPS 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED IEnter nature of injury in Part I at Port II at stem 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month. 20a INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year factory, street, office bldg., etc.) Hour a.m While Not white: at wark 🔲 at work 21. I certify that I attended the deceased from alive an_ 3 should be detach moy be retained by the by FUNERAL DIRECTOR: ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22c NAME OF CEMETERY OF CREMATORY Pleasant 9 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR Pumphrey-Bethesda.Md.

Rea. Dist. No

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

e. IS RESIDENCE

ON A FARM? YES NON

Year

19

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8177

CERTIFICATE OF DEATH

12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET, AND DEATH PERFORMED? YES NO (County) (Stole) 19____that I last saw the deceased ADDRESS (Street, city/or town, stote) **PATE SIGNED** 22d. LOCATION (City, lown, or county) Portland 246-REGISTRAR

1	-	2	#	4	
sctor.	3 with	(
funeral director,	Palifed		M		١
fune	Sta Tr	-		1	1

1. PLACE OF DEATH e COUNTY

Bethesda

NAME OF DECEASED

5 SEX

(Type or print)

Male

Student

Francis Lyle

Conditions, if ony, which gove rise to immediate

couse (a), stoting the under-

o. m.

p. m.

July

lying couse lost.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)

13 FATHER'S NAME

No

CERTIFICATION

OR INSTITUTION

Montgomery b CITY OR TOWN (f outside corporate limits, write

d NAME OF HOSPITAL (If not in hospital, give street oddress

White

None

The Clinical Center. Bethesda 14.

10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)

1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)

DUE TO

DUE TO

(c)

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT

Donn

6 COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED |

RURAL and give nearest town)

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLI

C TENGTH OF STAY IN

111 days

Middle

Lawren

DIVORCED

None

16. SOCIAL SECURITY NO

None

IPT	ENI OF REALIN		1117	TOKE, I	0		1	()&]	57	r
IC.	ATE OF DEATH				Re	g. Di	st. No			
ND	2 USUAL RESIDENCE (Who o. STATE	ere decease	d live	b. COUNTY		_	ce befo		sion)	
1Ь	c CITY OR TOWN (If or	itside corpo	rote (n)	
	Hyattsvill	.e		1.0	1	gant g	H			
	d. STREET ADDRESS							e. IS RE	SIDENC A FARM	
d.	4902 70th	Place	}	(Wood	la	wn)		YES [NO!	TOTAL STREET
	Lost	4. DATE		Mont	th		Do	у	Yeor	
ce	Lyle	DEATH		Ju			1	,	1958	-
X	B DATE OF BIRTH	,		GE (in years st birthdoy)		JNDER	Doys	Hours	ER 24 H	
	August 27, 1			8 yes.						
INDU	ISTRY 11 BIRTHPLACE (Stote of		ountry	y)		12 CIT		OF WHA		ITRY?
	Marylan				_		U.	S.	A .	
	14 MOTHER'S MAIDEN N									
	Mary Cl									
	INFORMANT The Med									
	The Clinical C	enter		Betheso	da	74	M	aryl	and	
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	Arong the			MINE.						900
	NOT RELATED TO THE TERMIN				EN I	IN PAR	T 1(o)	PERFO	DRMED?	-
HIDDE	P. 15-4	I O	p du _ f	10.1						

200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Doy. Year

20d INJURY OCCURRED While Not while

of work 21. I certify that I attended the deceased from February 10, 1958, to July 1

20e, PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

20f. (City or town)

and that death accurred of : 10 A.M. from the causes and on the date stated above

(County)

.. 1958 , that I last saw the deceased

(Stote)

alive on . ACTUAL

PHYSICIAN'S

NAME (Type

Peter 5. Mueller, M.

National

he Clinical Center Institutes of Health

220 BURIAL CREMATION. REMOVAL (Specify)
Burial

22b DATE THEREOF 3

1958

22c NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cem.

ethesda 22d. LOCATION (City, town, or county)

(Stote)

23 FUNERAL DIRECTOR'S SIGNATURE W.W. Chambers Company, Riverdale, Md.

ADDRESS

24a, REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

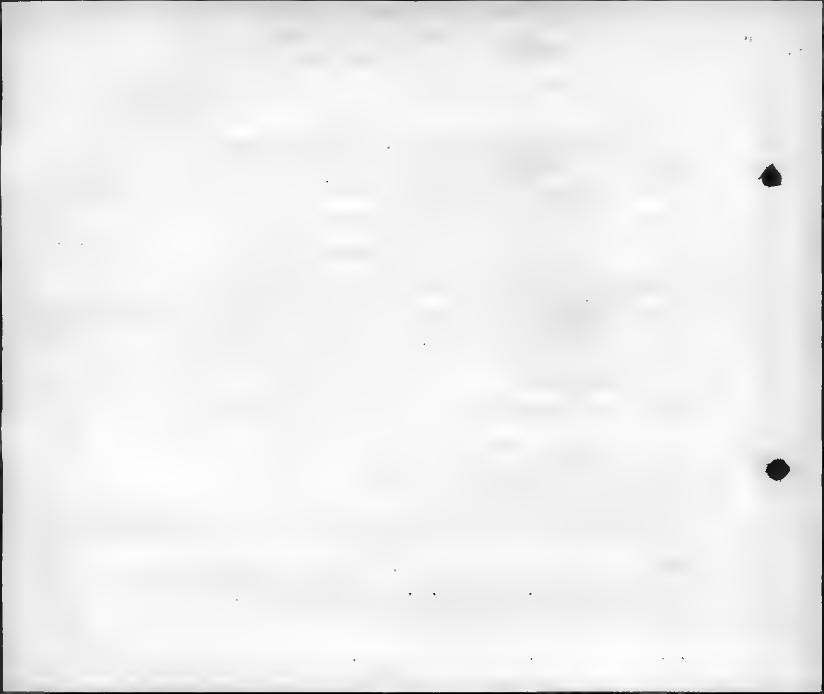
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15M 10/57

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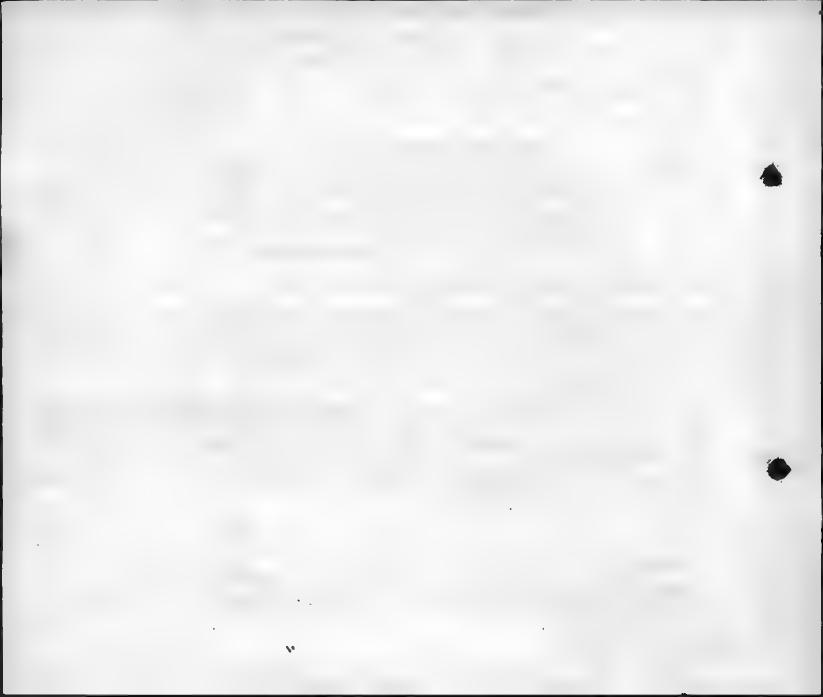
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08158 **CERTIFICATE OF DEATH** Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) **b. COUNTY** MARYLAND c. LENGTH OF STAY IN 16 d STREET ADDRESS

PLACE OF DEATH

within 24 hours

O

o. COUNTY b. CITY OR TOWN (Il/quiside corporate limits, write RURAL and give regrest town) funeral c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 31 d. NAME OF HOSFITAL (If not in hospital, give street address) IS RESIDENCE OR INSTITUTION ON A FARM? YES 🗍 NO 🗍 NAME OF Middle Lost DATE Day Year DECEASED OF DEATH (Type or print) 19 2 AGE (In years los) breakdoy) 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BURDE IF UNDER I YEAR IF UNDER 24 HRS Months WIDOWED | DIVORCED [7] yrs. 100. USYAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stafe of foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ENN HOME 14. MOTHER'S MAIDEN NEME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ₻ PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Generalized Arterosciosia Ther U50.0 **DUE TO** Conditions, if any, which gove rise to immediate ġ. DUE TO cause (a), stoling the underlying couse last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY PERFORMED? YES NO 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of anyony in Part Lor Part II of item 18.1 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) factory, street, office bldg., etc. Hour 0. (1) While Not while of work 🔲 of work 📋 p. m. 21. I certify that I attended the deceased from UUIV 6 , 1952, to_ that I last saw the deceased ., and that death occurred at 600 A.M. from the causes and on the date stated above. DATE SIGNED SIGNATURE should PHYSICIAN'S W. Sandmeyer NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION 22d. LOCATION (City, Igwn, gercounty) 22c. NAME OF CEMETERY OR CREMATORY (Stole) REMOVAL (Specify) DUITHAND O FUNERAL DIRECTOR'S SIGNARITY 24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 9/55 JIII 2 A IEO



VS A15 (4) 15M 10/57

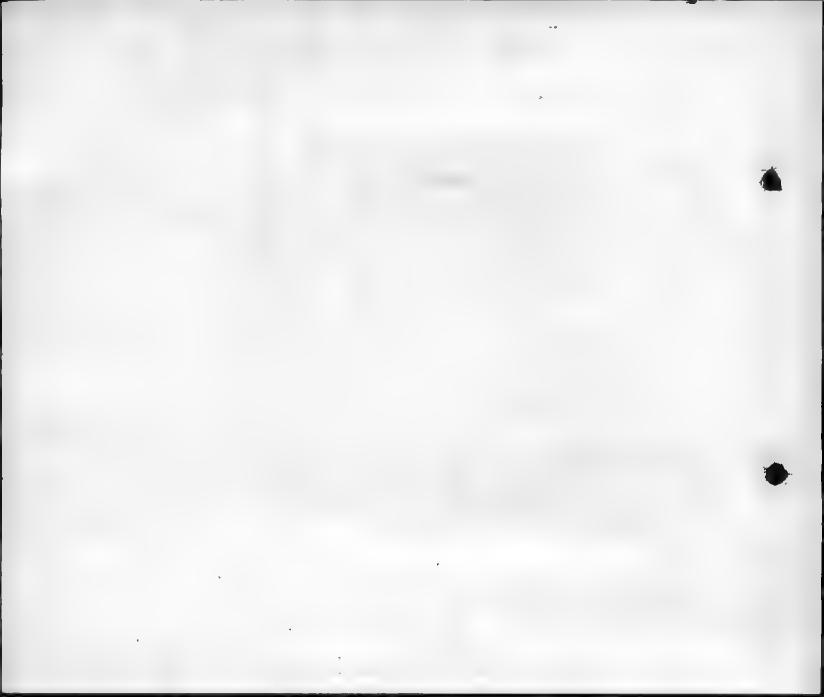
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MARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMO)RE, 18
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	V	0	-1	11	3,7

2808	CERTIFICATE	OF	DEAT

1	8082 CERTIFICA	ATE OF DEATH Reg. Dist. No.
	1 PLACE OF DEATH 0. COUNTY MONTAOMERY MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE D. C. b. COUNTY
	b. CITY OR TOWN (f outside corporate limits, write RL RAL and give accrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Washington
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS 1217 Fuclid. St. M. W. YES IN NO Y
	3 NAME OF DECEASED (Type or print) Ressie (Type or print)	Lost 4. DATE Manth Day Year OF DEATH July 10 1958
	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Temple White WIDOWED DIVORCED	B DATE OF BIRTH P. AGE (In year) P. AGE (In ye
1	100 USUAL OCCUPATION Give kind of work done during most of working life, even if retired) House wife	VIVAINIE 12 CITIZEN OF WHAT COUNTRY VIVAINIE L. S. A.
	William H. Hoffman	14 MOTHER'S MAIDEN NAME Genevieve Hoffman
	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 (17 year, gave wor or dates of service)	ecords - 11) ashinaton San. + Hasp.
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c).	avachooid House lage Interval Between
	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO DUE TO (b) Ruptur Ed. (c)	ensury on of Basilar artry
		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
		ED (Enter nature of injury in Part 1 or Part 11 of item 18.)
	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour a.m. p. m. 19 While Not while of wark of the other wark of	LACE OF INJURY (Home, form, 20f. (City ar town) (County) (State) actory, street, office bldg., etc.)
	21. I certify that I attended the deceased from JULY 10 alive an JULY 10 , 19 58 , and that death	h accurred at 10.30 AM, fram the causes and an the date stated above ADDRESS (Street, city or lown, state) DATE SIGNE
,	PHYSICIAN'S NAME (Type)	Mo. 1301 Colesville Kd., Silver Spring, Md. July10, 50
	220 BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY CONTROL OF CEMETERY CONTR	Cemetery Washington, D.C. (Slate)
	25 CHAICDAN DIRECTORY CHOMATHING ADDRESS	N . W . 240 REC'D BY REGISTRAR 210 REGISTRAR'S SIGNATURE



in by the funeral director. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ling physician. TO FUNERAL DIRECTOR: After this control has been signed by the attending physician and campletely page 3 shauld be detached for use burial-transit permit. Then please remove carbon papers Pogithe registrar prior to burial, cremation, ar remaval, and in any event within 72 havrs after death.

VS A15 (4) 15M 10/57

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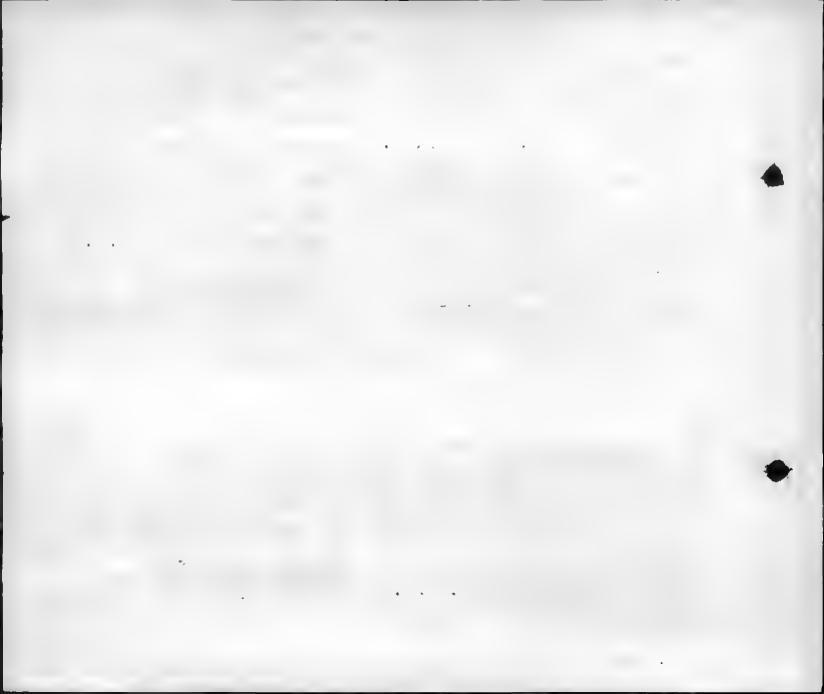
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8180

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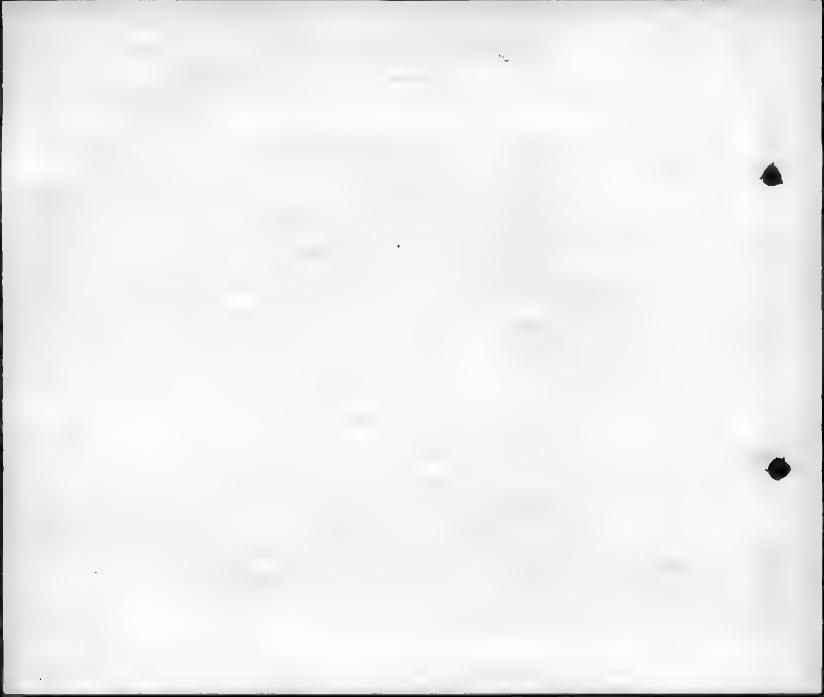
Reg. Dist. No

CERTIFICATE OF DEATH

	1, PLACE OF DEATH O COUNTY MO	mtgomerv		MARYL	AND	2. USUAL RESIDER o STATE Maryla		ere decease	P COUNT				
		outside corporate limi	its, write	c. LENGTH OF STAY I	N Ib			outside corpo	role limits, write				
	Bethesda					Colle	ze P	ark	,	£ .			
į.	d NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, g	jive street	oddress) days		d STREET ADD	DRESS				e.	IS RESIDENCE	
		cal Center	Be	thesda 14. 1	Vd.	8205	Balt	imore	Bouleva	cd		YES NO	
	3 NAME OF DECEASED	Fie	18°	Middle		Last		4. DATE	Ma		Day	Year	
	(Type or print)	Ru	th	Alber	rta	Mason	11	DEATH	Ju	l.v	20	19 58	}
	5. SEX	6 COLOR OR RACE	7 MAR	RIED NEVER MARRIED		DATE OF BIRTH			9. AGE (In years	Months		Hours Min	_
	Female	White	WIDOW			July 2	· ~	919	lost birthday) 38 yrs	77.0	Duys	ridors ///in	
	100 USUAL OCCUPATION during most of work	IN (Give kind of work ing life, even if retired	done 10b	KIND OF BUSINESS OR	INDUST	TRY 11. BIRTHPLAC	E (Stote	or foreign c	ountry)	12. CIT	IZEN OF	WHAT COUN	ER'
1	Waitress			Restaurant	t	Per	msy.	lvania	1		U. S	. A.	
)	13. FATHER'S NAME					14. MOTHER'S M	AIDEN N	AME					
,	Harry Bic					Edi	na K	lase					
	15. WAS DECEASED EVER	R IN U. S. ARMED FOR Pl yes, give wor or dotes of s		SOCIAL SECURITY NO.	17 IN	FORMANT T	ne M	edical	Record'	dress			
	No			219-26-1671	Th	e Clinica					Mar	yland	
			ouse per li	ne for (o), (b), ond (c).		3 , , , , , , ,	,	_,	,			VAL BETWEEN	
	PART I DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (c	, lie	ute bujue	Ellic	eccal V	Llyles	1:61	CZC				
	•	DUE TO											
	Conditions, if any, which) (b) 6536 Frat butinede try						4/14	tle u	reace		10	species	
		gove rise to immediate couse (a), stating the under DUE TO								7			
	tring couse ost. 10 Level a supert Chelle Sink ANIA, Mulle Chickery Collegen												
	PAIN II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT N	NOT RELATED TO TH	HE TERMI	NAL DISEAS	E CONDITION G	VEŅ JKI PART	Γ 1(o) 19.	WAS AUTOPS PERFORMED?	Y
	<u> </u>											YES 📆 NO]
	(IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OC	CURRED.	. (Enter noture of i	njury in I	Port I or Por	t II of _I tem 18.)				
	20c. TIME OF INJURY	Y Month, Doy, Ye			20e. PLA	CE OF INJURY (Ho	me, form	. 20f. (City	or town)	{C	ounty)	(510	le)
	Hour a m.	19	While of wor	k of work	100	ory, arreer, ornice b	rog., ere	1					
	21. I certify the	at 1 ottended the	deceas	ed from May	26	1958	to	July	20 , 1958	3 that LI	last sas	v the decer	144
		uly 20	15			accurred at		P.M. from	n the couses	and an th	ne dote	stated abo	24
		/ ' /	,	1. /					treet, city or town		10 0010	DATE SIG	NE
	ACTUAL SIGNATUREI	aures 4	Mu	ale he	м	Ip The	Cli	nical	Center			1/21/	5
	100			/ - //		Nat:	iona	l Inst	itutes o	of Hea	lth		
	NAME (Type)	Louis Gill	espie	e, Jr., M. 1),,	Betl	nesda	a 14,	Maryland	1			
	220 BUR AL CREMATION	N. 226. DATE THEREC	F	72c NAME OF CEMET	ERY OR	CREMATORY			TION (City town,			(Stote)	
Cı	ansportati	on 7/22/58	3	Lewistown	1			Pen	nsylvani	a			
	23. FUNERAL DIRECTOR!			ADDRESS		2	4o. REC'I	D BY REGIST	TRAR 246 REG	ISTRAR'S SIC	NATURE		
	F. Gasc	h's Sons i	lyati	tsville Md.	1	D	ATE .	111 2 4	158 0	0	- 1		



7	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	厶	8083 CERTIFICATE OF DEATH Reg. Dist. No.
il director, filed with		1. PLACE OF DEATH a COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a STATE b. COUNTY WAS h. 20 D.C.
erol be fi		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) RURAL and give nearest lawn) Tak() 19 at 161-10 2 days
y the fun 2 should	1 .	d NAME OF HOSPITAL (If not in hospital give street address) or institution washington Santavium and Hospital 3150 Buena Vista TV, S.E. VES NO
in t		3. NAME OF DECEASED First Middle Lost 4. DATE Month Doy Year
Poge		S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min
physician and completely emave corban papers. Po	Ė	10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
physician and mave corban	(I)	13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME
physici emave		15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes no or unknown) (If yes give war or plates of service) 1.70 3.11 3.11 3.11 3.11 3.11 3.11 3.11 3.1
tending please re		18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] AND DEATH (Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH
the att		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) TO TI C CE VE DEATH TO ME TO
ned by permit.		Conditions, if ony, which gove rise to immediate couse (o), stoting the under DUE TO
sicion. Seen sig ronsit) ()	lying couse lost. (c) (c) Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY
ng phy e hos t burial-i	9 0 0 0	PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
0	5	20c. TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
pital or er this of for use		Hour a. m. 19 While Not while of work of work of the deceased from 1-14 to 19 While of work of the deceased from 1-14 to 19 While of work of the deceased from 1-14 to 19 While of work of the deceased from 1-14 to 19 While of work of the deceased from 1-14 to 19 While of work of the deceased from 1-14 to 19 While of work of the deceased from 1-14 to 19 While of work of the deceased from 1-14 to 19 While of work of the deceased from 1-14 to 19 While of work of the deceased from 1-14 to 19 While of work of the deceased from 1-14 to 19 While of work of the deceased from 1-14 to 19 While of work of the deceased from 1-14 to 19 While of work of the deceased from 1-14 to 19 While of work of the deceased from 1-14 to 19 While of work of the deceased from 1-14 to 19 While of work of the deceased from 1-14 to 19 While of work of the deceased from 1-14 to 19 While o
The hos OR: Afti Stoched	ē.	21. I certify that I attended the deceased from. 7 / 4 , to 7 / 7 19 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ined by DIRECTO	5	SIGNATURE JOURS to De TOLOGOMO 7701 CONOG MR 7-20-5
ERAL 3 shou	5 5 5	PHYSICIAN'S NAME (Type) JAMES in WHITCOCK To small all high state thereof 220 BURIAL CREMATION, 226. DATE THEREOF 220. NAME OF CREMATORY 22 JOCATION (City, town, or county) (Stole)
TO FUNE		BURIAL CREMATION, 220. DATE HIEROT 220. NAME OF CEMETERY OF CREMATORY (City, town, or county) (Store) REMOVAL (Specify) Letty 24, 1958 (City, and Community) Letty 24, 1958 (City, and Community) REMOVAL (Specify) Letty 24, 1958 (City, and Community) Letty
S A15 (4) 5M 10/57		giller Willer, 254 Consall St Med DC DATE JUL 22 58 Conserver



FOR STATE HEALTH DEPT.

M

TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours ofter death. If ony delay is necessary, please execute the certificate, writing the year. "pending" in pendil in Hern, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chic.

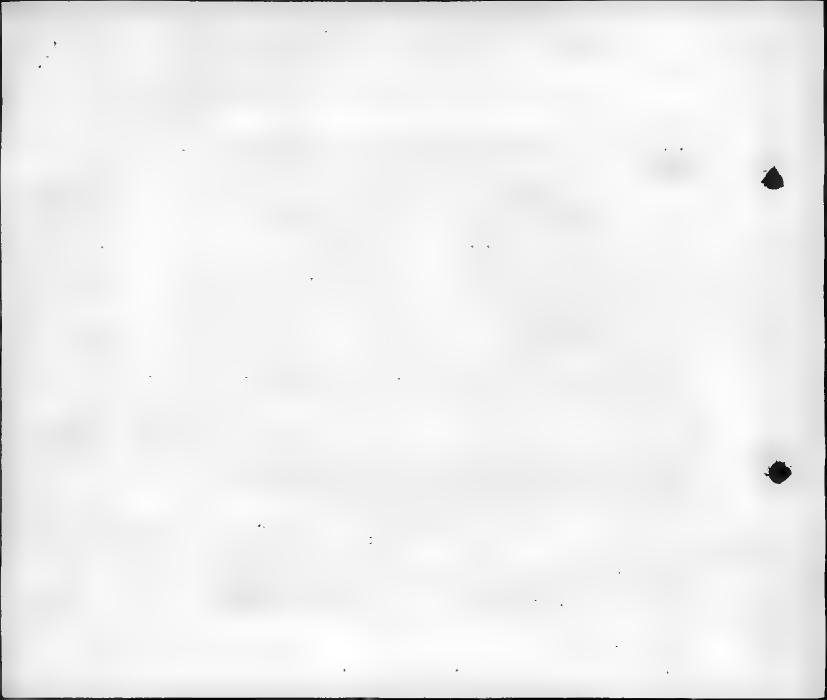
10 FUNERAL DIRECTOR: Page 3 shown as yes of a burial-transit permit. File pages 1 and 2 with the Jair Board of Health, or its designated agent, prior to burial, cremation, or removel, and in any eyent-within 72 hours after death.

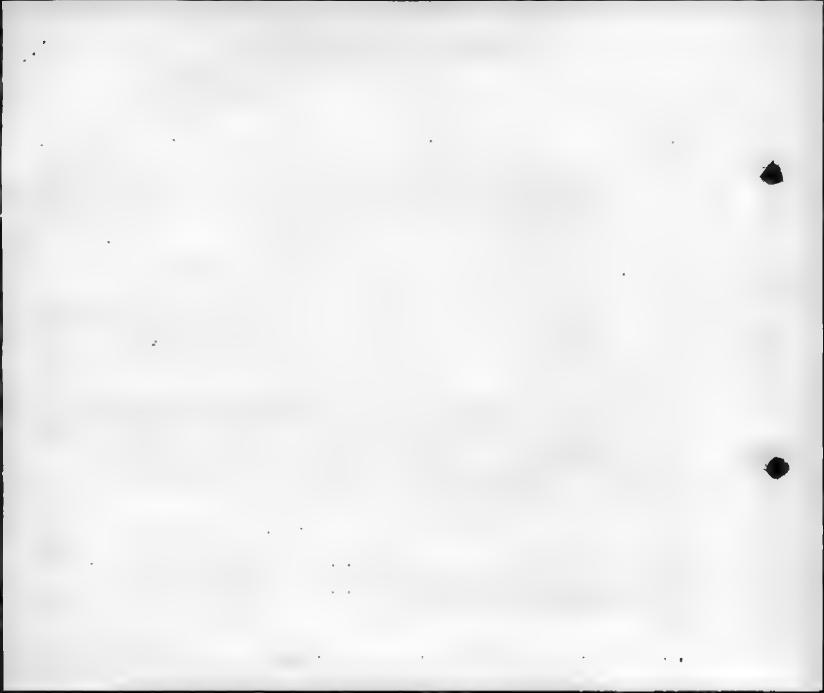
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8181

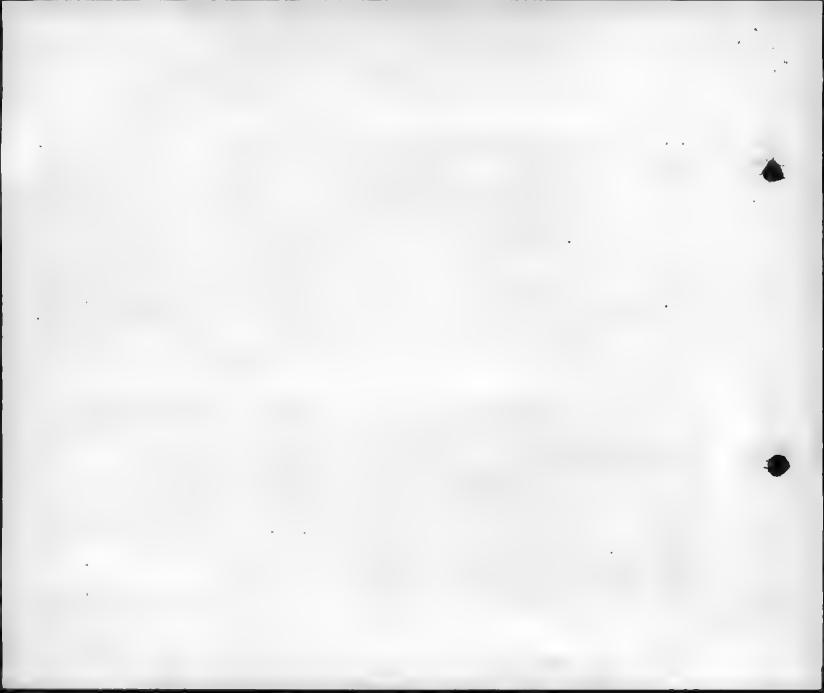
1) \$162 Reg. Dist. No. 215.

	1. PLACE OF DEATH				2 USUAL RESIDENCE (Where deceased I ve	ed. If institution	Residence before admission)»		
	o. COUNTY MO	ntgomery		MARYLAND	o state Ohio		b. COUNTY			
١	b. CITY OR TOWN () f or and give negret found		* TUFAL	C LENGTH OF STAY IN 16	COTY OF TOWN (f outside corporate	Lmits, write PURA	L and give nearest lawn)		
/		Bethesda (Rural) 13 Days			Young	stown	* 1 -	*		
	d NAME OF HOSPITAL	OR INSTITUTION (If not in hosp	ital, give street address)	d STREET ADDRESS			ON A FARM?		
	U.S. Naval	Hospital,	Bether	sda, Maryland	947 L	akewood_A	ve.,	YES 🔲 NO 🔯		
	3. NAME OF DECEASED	Fir	si	Middle	Lost	4. DATE	Month	Day Year		
	(Type ar print)	Jaco	ob	Joseph	MAZY	DEATH	July	29 19 58		
	5. SEX	6 COLOR OR RACE	7 MARRIE	NEVER MARRIED	B DATE OF BIRTH	9, AC	E (In years IF U) birthday) Mor	NDER TYEAP IF UNDER 24 HRS		
	Male	White	WIDOWED	DIVORCED [1 July 1937		L yrs Mor	Tha Days Hours Min		
	during most of working	(Give kind of work)	dane 10b Kl	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole	e or foreign country	12	CITIZEN OF WHAT COUNTRY?		
	Mariner		U.S	S. Navy	Ohio			U.S.		
	13. FATHER'S NAME				14 MOTHER'S MAIDEN	NAME				
Д	Jacob MAZY				Helen J. HOR	RBATH				
	15. WAS DECEASED EVER	IN U. 5. ARMED FO	terment		INFORMANT		Address			
	Yes - Curre	ntly	2'	78_36_3208_0	ficial Navy	Records				
	18. CAUSE OF DEATH		se per line fi	or (0), (b), and (c).]	•			INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH	PART I. DEATH WAS CAUSED BY: Brain abscess								
,	7,	DUE TO								
	Conditions, if any		Skul	l Fracture, F	rontal, Compo	ound, Com	minuted.	4 months		
	gove rise to immedia (a), stating the un									
	cause last) (c	<u> </u>							
	2 PART H OTHE	R SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	A NALDISEASE CON	DITION GIVEN IN	PART 1(6) 19, WAS AUTOPSY PERFORMED?		
	PART H OTHE							YES NO		
	200. EXTERNAL CAUS	RIBUTING 🔲 📗		HOW INJURY OCCURRED I		rt I or Port II of iter	n 18)			
	[]		-	ccident, Detai						
	3 20c. TIME OF INJURY			Not while # for	ACE OF INJURY (Home, fair tary, street, office bldg., etc	m, i 20f (City or les	wnj	(County) (State)		
	3:00 xxxxxx	3-16 195	O of wor	k at wo k K NO	Record	Oakla		California		
	21. I certify the	st I taak ch <mark>arg</mark> e	of the re	emains described abi	ive, held on Autop	sy 🔃 , Inspec	tian 🔲, 🛚 In	iquiry [], and in my		
	apinian death r	esulted from.	Natural c	ouses []. Accident	K, Suicide [],	Hamicide [],	Undetermin	ed manner		
	2	10/	2	e dia				DATE SIGNED		
	SIGNATURE 34	ant fol	Susse	hart	M D CHIEF MEDICAL E	two		4 .11.2		
	EXAMINER'S -	. 1 _			ASSISTANT MEDIC			T 00 F0		
	NAME (Type)	ank J. Bro		x	DEPUTY MEDICAL			7-29-58		
	220 BURIAL CREMATION REMOVAL (Specify)	, 225, DATE THEREC)F	22c NAME OF CEMETERY O	RCREMATORY	1	City, tawn, or cou			
	Burial	17-31-58		and)	12.		own, Ohi			
		المرعب الالإلوالا	-	7701.		D BY REGISTRAR	245 REG STRAR			
	W.W. Chambe	rs, 1400 (Chapin	St., Washingt	on, D.C. DATE A	ug 1 '58	T CONTRACT			





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. ol director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) COUNTY o. STATE **6 COUNTY** MARYLAND Montgomerv Chile funeral only b. CITY OR TOWN (If outside corporate fimils, write c. LENGTH OF STAY IN 16 ic. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest fown thesda (Rural) 1 Month Bethesda Santiago. d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? U.S. Naval Hospital, Bethesda. Moneda 1869 YES NO TO 3. NAME OF Middle Lost 4. DATE Month Day Yeor DECEASED OF DEATH Julia 'mmn' MTRANDA10 58 (Type or print) July 6. COLOR OR RACE 17. MARRIED ON NEVER MARRIED 5. SEX 9. AGE (In years last birthdoy)
50 yrs B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs 31 May 1908 Male White DIVORCED [WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Aviator, L/COL Chilean Air Force Chile Chile 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maria AROS physici Martiniano MIRANDA 15. WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give wer or dates of service) oftending p Maria de MIRANDA 1919 East-West Hewy. No. None. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ۵ PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE 101 Oligodendroglione Right Celebral hemisphere Wears 93.0 DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160) 19 PERFORMED? YES TO NO e h 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) While Not white of work of work June 21. I certify that I offended the deceased from 3 July 19.50, that I last sow the deceased 4:15P·M, from the causes and on the date stated obove Jul May be retained of FUNERAL DIRECTOR: A page 3 shauld be detached the registrar prior to buri , and that death occurred at ADDRESS (Street, city or town, state) ACTUAL U.S. Naval Hospital, Bethesda, Md. SIGNATURE PHYSICIAN'S U.S. Naval Hospital, Bethesda, Md. NAME (Type) Edwin M. HEMNESS 220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial Unknown General Cemeterv Santiago. Chile 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR VS A15 (4) Wisconsin Ave. Bethesda, Md. DATELLE 7 15M 10/57



VS A15 (4)

15M 10/57

MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 1
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CERTIFICATE OF DEATH

08165

Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) o COUNTY Mentanner **6 COUNTY** MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) diffiame OF HOSPITAL (If natio hospital, give street address) IS RESIDENCE sul frem & HO ON A FARM YES THINO 5 NAME OF Ferst Middle 4. DATE DECEASED OF ourse (Type or print) DEATH 100 9 AGE (In years lost birthday) SEX 6. COLOR OR RACE MARRIED TWEET MARRIED B DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months Dovs Hours Quelle DIVORCED | WIDOWED I yes USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? IN TRMANT 16. SOCIAL SECURITY NO Address une as above 18 CAUSE OF DEATH [Enter only one cause per line forty], (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (p) DUE TO Canditians, if ony, which íЫ gave rise to immediate DUE TO cause (a), stating the underlying cause last. PAM IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19 WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while p. m at work at work . 1908 that I last saw the deceased 21. I certify that I attended the deceased from alive an , and that death accurred at S Of from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED NAME (Type) 220 BURIAL CREMATION. 226 DATE THEREOF 224 NAME OF CEMEZERY OF CEMEZERATORY 22d LOCATION (City, tayin, or county) 23 /FUNERAL DIRECTOR'S SIGNAL ADDRESS MEC'D BY REGISTRAR 1246 REGISTRAR'S SIGNATUR DATE



death.

within

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



deoth.

within

certificate

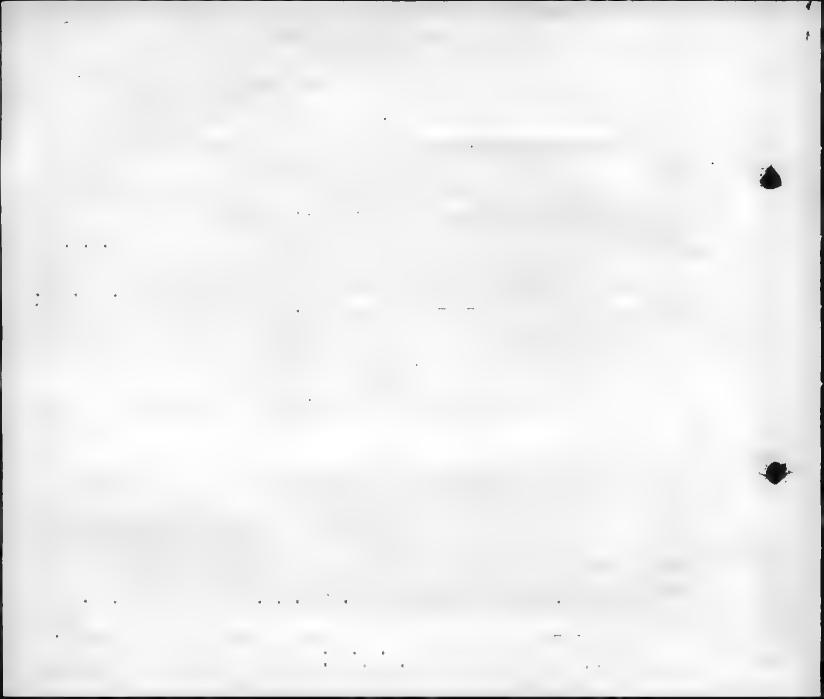
that

VS A15 (4)

15M 9/55

08167

Rea. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) MONTGOMERY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e IS RESIDENCE ON A FARM? YES NO K Year 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours 12 CITIZEN OF WHAT COUNTRY? U.S.A. Address Sil. Sp. Md. Bonifant Street, INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO [] (County) (State) __that I last saw the deceased M, from the causes and an the date stated above. GATTAGHER 1150Conn NAME (Type 220. BURIAL, CREMATION. 226. DATE THEREOI 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 7-7-58 VA. 8มหาโดโ NATTONAT ARLINGTON **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE Wash. D. C 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 3821 DATE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

15M 10/57

08168

e. IS RESIDENCE ON A FARM?

YES NO TE

Year

10

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

PERFORMED? NO T

(State)

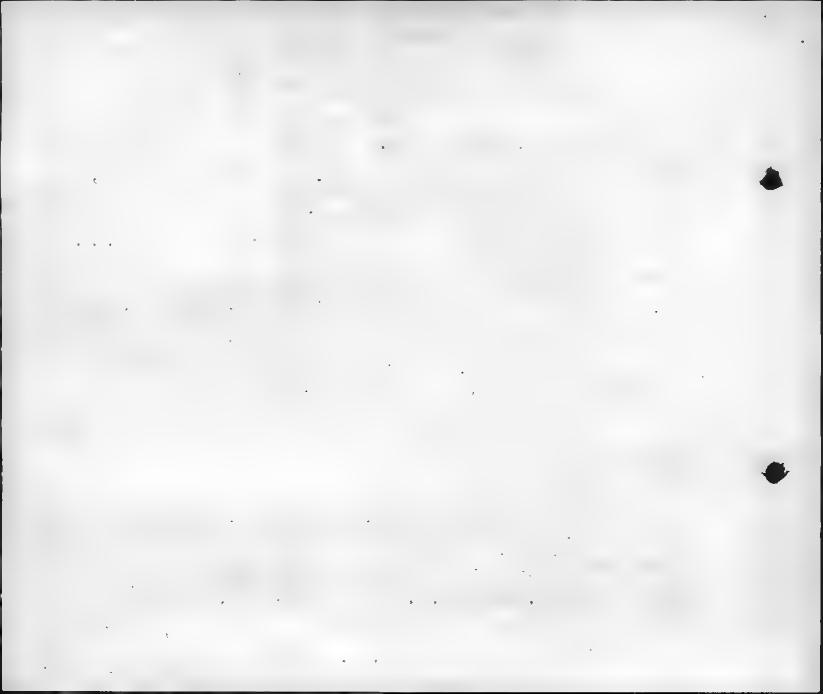
DATE SIGNED

(State)

(County)

U.S.A.

Rea. Dist. No.



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
Ponerar	8085 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (18169
HEALTH DEPT.	0003
O.C X	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
# 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Montgomery Maryland 6. STATE Maryland 6. COUNTY Montg
(W Ess	
\$ 6 8 2 X	Takoma Park
and direction	d NAME OF HOSPITAL OR INSTITUTION (If not a hospital, give street address) d STREET ADDRESS A STREET ADDRESS ON A FARMAT
Feed B	111 Lee Ave Aprios 1 111 Lee Ave Aprios NOX
Franchist Control	3 NAME OF First Middle Last 4 DATE Month Day Year DECEASED Hard Name North Day
D A	Type or print) DEATH July 7, 1958
If an 3 to 1 and b 1 a	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF B RTH 9. AGE (In most lift under 14 ARS
2 m 3 m	femal col. widowed Divorceo March 1914 (4) yr. Months Doys Hours Mn
T Jage of	10c. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? 13 CITIZEN OF WHAT COUNTRY? 14 CITIZEN OF WHAT COUNTRY?
2000	UDA
PM3.	13. FATHER'S NAME
O TE	Tinknown Tinknown
Sive for for	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (1979) 16 SOCIAL SECURITY NO. 17. INFORMANT
e de la companya de l	Willie Nettles (husband)
d in	18 CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c)]
de d	PART I. DEATH WAS CAUSED BY: Coronary Occlusion hr.
Tone de	4du, Due to
A COLOR	Conditions, if any, which agove rise to immediate course (b)
Di	(c), stoling the underlying DUE TO
Show in the contract of the co	couse lost. (c)
ag Eran	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO
Cree Cree	VES NO DE
5 - 0 0 - 0	206 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTI
8.8	
# # # # # # # # # # # # # # # # # # #	Hour e. m. While Not while foctory, sheet, office bles etc.)
The sale	
AA DE LE	21. I certify that I taok charge of the remains described above held an Autopsy . Inspection tagging and in any
Signal Si	opinion death resulted from Natural causes 2. Accident . Suicide . Homicista . determined and resulted from the suicide .
A SEE SEE SEE	ACTUAL 2 D BAVE SHONED
O Po Co	SIGNATURE SECULAL AT SALVENT MD. CHIEF MEDICAL FRANKINGER
The the said	examiner's Name (type) Frank J. Broschart DEPUTY MEDICAL EXAMINER (7/7/58
DEPUT Should FUNE Tils d	
	Tentoval (Specify)
5 , 4 5 ,	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. RECD BY REGISTRAR 240 REGISTRAR'S SIGNATURE
VS. ATSME &M 2/S7	123 ERnestalance Cr. 143 2 yous + Weboute JUL 10 '50 Rec
₽M 2/3/	The state of the s
	# 178



15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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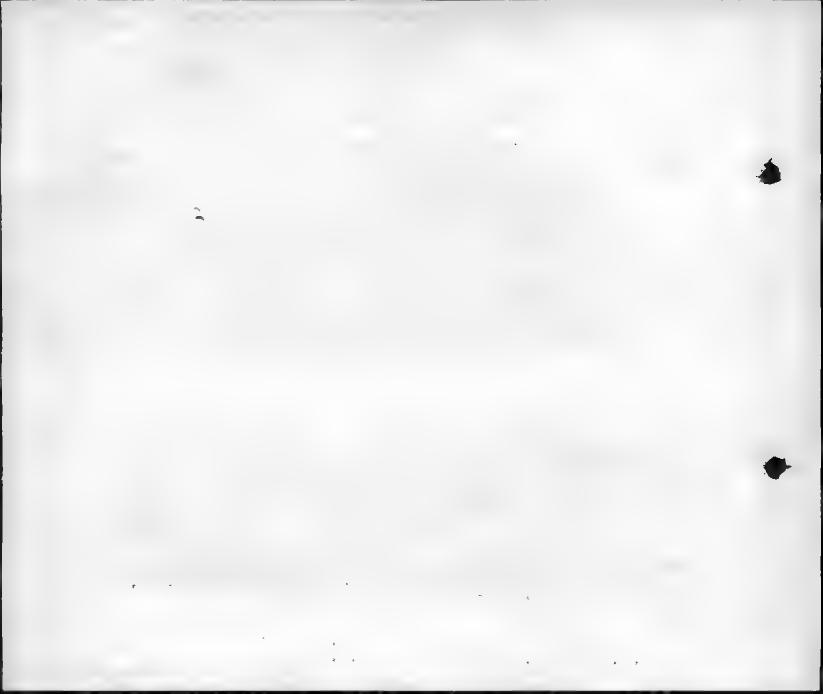
1	#	>
(人)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8188 CERTIFICATE OF DEATH

Reg. Dist. No.

08171

1		Reg. Dist. No.
)	1. PLACE OF DEATH O COUNTY MONTGOMERX MARYLAND O STA	RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write c.) ENGTH OF STAY IN 1b c. CIT RURAL and give nearest town)	OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	WESTMERCLAND HILLS 2 MONTHS LL	ASH DC
		EET ADDRESS e. 15 RESIDENCE
	DE INSHIURON, C COLOR A DATE OF TAX III	00 - 14 5 NW YES NO PA
	(Type or print) HARRY SCETT NE	DATE OF Month Day Year JULY 5 1958
	WIDOWED DIVORCED 7	BIRTH 27-09 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Iost biethday) 40 yrs. Months Days Hours Min
	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. B during most of working life, even if retired) MGR OF BOWLING ALLO	RTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? 110 BCTH DCLAWARE USA
		HER S MAIDEN NAME
	HARRY SAMUES NEWMAN	ANNA ARMSTRONG
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMAN'	P. 10. Quidal 5210 Wester
,	yes par 3, + 45 577 20 8612 M	s Jucille C'WEN Dave
1	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
J.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) (Azonary U	ONSET AND DEATH
	420, Due to	says
	Conditions, if ony, which }	
	gove rise to immediate	
	couse (a), stating the under-	
	lying couse lost. (c)	
ь	PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	PERFORMED?
y.	5	YES NO P
	PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PAMENT OF THE PAME	ure of injury in Port I or Port II of ilem 18.}
		URY (Home, form, 20f (City or town) (County) (State)
	O Hour a.m. While Not while factory, street, of work of work	office bldg., etc.)
	21. I certify that I attended the deceased fram, 19	48. to July 4, 195 That I last saw the deceased
	alive an 14 4 4 1968, and that death accurred	dat_/_M. Aram the causes and an the date stated above.
	12/1 N-1: 7	ADDRESS (Street, city or town, stote) QATE SIGNED
	SIGNATURE DOWN M.D. 52	10 Westwood Drive
	W	estmoreland Hills. Md.
	PHYSICIAN'S Robert F. Owen-	
	220 BURIAL, CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATO	RY 22d. LOCATION (City fown, or county) (5fote)
	Burial 7/8/1958 Arlington Natio	nel Cem. Arlington. Virginia
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WASTILD . U	240 PEC'D BY PEGISTPAP 246 PEGISTPAP'S SIGNATURE
	The S.H.Hines Co. 2901 lith St., N.W	· DATULL 7 '58 (700 / - 7
		1 28 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



08172

IS RESIDENCE

Day

24

Hours

INTERVAL BETWEEN NO DEATH

PERFORMED?

YES TI NOTO

ON A FARM? YES NO RE 2

Year

19

Min

8189 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a COUNTY o. STATE b. COUNTY MARYLAND Maryland Montgomery Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RURAL and give negrest lown! 50 min Olney d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Montgomery County General Hospital NAME OF 4. DATE Lost Month DECEASED (Type or print) DEATH Charles Thomas July Nicholson 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX AGE (In years lost birthday) Months Days DIVORCED [WIDOWED [7] 80 Male yes 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired Maryland USA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME George W. Nicholson Annie E. Musgrove IS WAS DECEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT Address NONE Mamie M. Nicholson Same CAUSE OF DEATH [Enter only one couse per ling for (o), (b) and (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (d) **DUE TO** Conditions, if any, which [6] gove rise to immediate DUE TO couse (a), stoling the underlying cause lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED Hour o.m. While Not while of work of work p. m.

20e. PLACE OF INJURY (Home, form, 20f (City or town) factory, street, office bldo., etc.)

(County)

21. I certify that, I attended the deceased from 199 & that I last saw the deceased alive-en and that death accurred at 8: 50, PM, from the causes and an the date stated above ADDRESS (Street, city or town, state)

ACTUAL SIGNATURE

(State)

PHYSICIAN'S NAME (Type)

READY AND THE P

Ligon My 220 BURIAL, CREMATION, 226 DATE THEREOF

July

22c NAME OF CEMETERY OR CREMATORY St. Johns

Sandy Spring: Maryland 22d LOCATION (City, town, or county) Olney

(Stole) Md.

23. FUNERAL DIRECTOR'S SIGNATURE

Laytonsville

240 REC'D BY REGISTRAR JUL 2 A 129 DATE

246 REGISTRAL'S SIGNATURE

physicion certificate attending burnof 흔 ٥ FUNERAL DIRECTOR: should O HOSPITAL pode 0

director,

death

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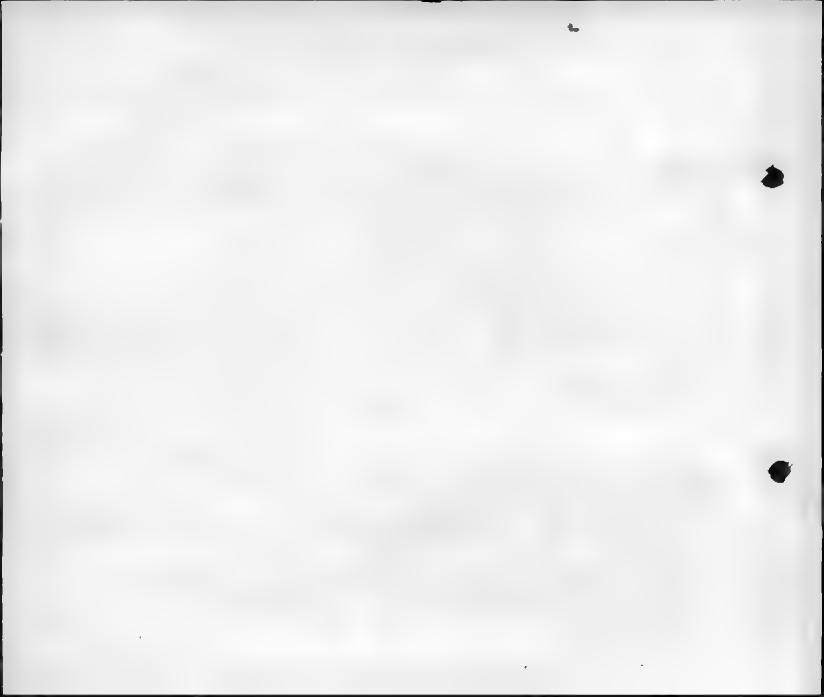
VS A15 (4) 1SM 10/57



Reg. Dist. No.

VS AT 15M

1 mg			1. PLACE OF DEATH O. COUNTY MARYLAN	2. USUAL RESIDENCE (Where deceased lived if institution Residence before admiss on) o. STATE
7			b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Ď.			RURAL and give nearest-jown)	
200		A	d NAME OF HOSPITAL (If not in hospital, give street oddress)	d STREET ADDRESS e. 15 RESIDENCE
EVI.		17	Washington Sun + Hop.	1201 Hom, Iton St N. WI YES NO
puo			3 NAME OF - First Middle	. Lost 4. DATE Month Day Year
			(Type or print) MINNIE LEE NICH	10150N' DEATH 7- 29 1958
0. 14	,		5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED € WIDOWED □ DIVORCED □	(Ost Britingoy) Months Dows Hours Mon
n paper	georn.	\mathbf{I}	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Induring most of working life, even if retired)	NOUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
rbo	Ď.		13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
6 00	ō 		James W. CARlisla	ANN Virginia Leapley
YDE.	D D			7. INFORMANT Address
2 10	7/			Trospital Record.
eds.	E P		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	O L. A - L INTERVAL BETWEEN ONSET AND DEATH
В. Ф.	<u> </u>		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) CANCINO VICA	/ rear a metesteses 3 years
Th.	La A		OUE TO	
i i	<u></u>		Conditions, if any, which	
ber	<u> </u>		gove rise to immediate couse (a), stating the under-	
is.	Pup		lying couse lost (c)	
ial-Ira	0 0		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? YES \(\sum_{\text{NO}} \) NO \(\sum_{\text{Y}} \)
e buri	or red		2% ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
8	6			PLACE OF INJURY (Home, form, 201 (City or town) (County) (Stote)
for use	Ē		Hour o. m. P. m. 19 While Not while of work of work	foctory, street, office bldg., etc.)
for	5		21. I certify that-I attended the deceased from July	127, 19 18, to July of 19 that I last saw the deceased
hed	policio			ath accurred at 2 2 2 M, from the causes and on the date stated above.
	5 2		D-0	ADDRESS (Street, city or town, stote), DATE SIGNED
, a	<u> </u>		SIGNATURE MAN MILLER L	MO. 927 Cerching Nr. 7-29-18
P	srd pr	- 1	PHYSICIAN'S AWD ANISH	Silver Spring Hed.
m '	egg.		220 BURIAL CREMATION. 226 DATE THEREOF 220 NAME OF CEMETER	Y OR CREMATORY 22d LOCATION (City town, or county) (Stole)
poge	96		burial 7/31/58 Cedar Hi	ll Cemetery Suitland, Md.
			23 FUNERAL DIRECTOR'S SIGNATURE 2901 AUTRESS 1 St	N.W. 240 REC'D BY REGISTRAR 244 REGISTRAR'S SIGNATURE
5 (4) 0/57			The S.H. Hines Co. Washington	D. C. DATE JUL 3 0 '58 All-heauch



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This "strifficate showed be memored within 24 hours after death. If any delay is necessory, blease execute the certificate, willing the pending" in pending itself. Since Pages 1, 2, and 3 to the line of a rector. Page 4 should be forwarded to the Children Examiner's Office along with form PM3. Page 5 may be fined for your files. To FUNERAL DIRECTOR: Page 3 should be sted as a burial-transit permit. File pages 1 and 2 with the late Board of Health, or its designated agent, prior to berial, cremotian, or removal, and in any even/within 2 bours after death. M I

	9-11
¥8.	A15ME
5 h	1 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8101 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Res Dist.

() S 1 7 4 Rea. Dist. No.

- 1				
		OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution; Residence	e before admission)
4	o. COL	MARYLAND MARYLAND	6 STATE M. S. COUNTY M.	
ŀ	P CITA	OR TOWN (III subside corporate mints, krite BURAL C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and g	in Assert laws)
	end	(Style nearest town)	2/ / / MA	ine process to many
ı		WIRATURE STREET	17 Melwelle	i
М	d NAM	ME OF HOSP TAL OR INSTITUTION (4 not in hospital, give street didress)	.d STREET ADDRESS	e IS RE (DENCE ON A FARM?
		10 Mapleton On	710 mapleton in	YES 🔲 NO 🔀
	3. NAME		Lost 4 DATE Month	Day Year
1	DECEA (Type o	or print) Messer O Napa DO Ne	ST. La DE DEATH () 1. 1G	1957/
ı	5. SEX	6. COLOR OR RACE 7. MARRIED A NEVER MARRIED	DATE OF BIRTH 9 ASS I'M years / IF UNDER 14	EART IF UNDER 24 HES
-	in.	10/0 INTO THE WIDOWED TO DIVORCED TO	1-2 3 (2) Months Do	ggs Hours Min.
H	10a 115114	At OCCUPATION (Give kind of work done 196 KIND OF BUSINESS OR INDUS	7 1904 SV4 yn 16 11	/
	during	magn of working life, even if retired)	RY 11 BIRTHPLACE (State or foreign country) 12. CITIZE	N OF WHAT COUNTRY
		Pante Own busine	ss mdn	54
	13. FATHE	EJI'S NAME	14. MOTHER'S MAIDEN NAME	
-	V	John T. Metholson	Julia Ann Daymude	
			NFORMANT Address	. —
	Yas foo, of		al blood in a land i)	
		AUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]	The Walleton (with)	INTERVAL BETWEEN
	10. 0	PART I, DEATH WAS CAUSED BY:		ONSET AND DEATH
	٠,	IMMEDIATE CAUSE (6)		Muller
	10	DUE TO , U	DI T	en - 4
		ditions, if ony, which) by fary ne cal (Spalinelion	Altherles
		tise to immediate cause DUE TO		1-1-
		to last. (c) Trachire or	Jaryn X	MILMELLO
	Z	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM NAL DISEASE COND TION GIVEN IN PART I	(e) 19. WAS AUTOPSY
Ì	ATION		·	YES RO NO
	200. 1	EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED	inter nature of injury in Part 1 or Part 11 of Hem 18)	11110
	□ PRIMA	ARY DO CONTRIBUTING D		
		The form fill	ore for females	
9	ට 20c. I	Hour erms White Norwhile fool	CE OF INJURY (Home, form, 20f. (City or town) (Countrol) ary, street, affice bldg., etc.)	y) (State)
	MEDI	p. m. 7/- 195 Stat work at work	none Rockollo mos	Je my
	21.	I certify that I took charge of the remains described abo	ve, held an Autopsy 🛣, Inspection 🔲, Inquiry	, and in my
	opin	nion death resulted from: Natural causes 7, Accident	Suicide , Homicide , Undetermined mo	onner []
	ACTU		CHIEF MEDICAL EXAMINER	DATE SIGNED
	SIGN	VATURE MALLA Y 1 THE VEHICLE	ASSISTANT MEDICAL EXAMINER	
-		MINER'S PLINVT Rhanchart	7 ~	70
		AE (Type) FRANK V, 12 POSCH 2 Not		
	ZZO BUR .	AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR		(State)
	Bu		h Cemetery Boyds, Maryland	
	-	RAL DIRECTOR S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	ATURE
	Rob	ert A. Pumphrey Bethesda, Mar	yland DATE III 2 2 '58 Cleftedu	eh



4		MARYL	AND STATE DEPAR	TMENT OF H	HEALTH-BALT	IMORE, 18	08175
D		808	CERTIF	ICATE OF I	DEATH	Reg	g. Dist. No.
	1. PLACE OF DEATH a COUNTY	nery	MARYLA	II a STATE	IDENCE (Where deceased	b COUNTY ,	esidence before adm is o
	b. CITY OR TOWN (IF	autside corporate limit arest-town	s, write c. LENGTH OF STAY IN		TOWN (If outside corpora	1 9	and give neares lown)
	d NAME OF HOSPITA	AL (If not in hospital, gi	ve street address)	d STREET	ADDRESS 77/- 11/4	. /	e IS RES D ON A F YES
	3 NAME OF DECEASED (Type or print)			1 +-	4. DATE OF DEATH	Month	Day Ye
	5 SEX	6 COLOR OR RACE	MARRIED NEVER MARRIED WIDOWED DIVORCED	- 1 1 1 1 1 1	H -90		NDER 1 YEAR IF UNDER
	100 USUAL OCCUPATION during most of work	ON (Give kind of work or ing life even if retired)	one 106 KIND OF BUSINESS OR Illithing moreban Own business	NDUSTRY 11 BIRTHP	LACE (State or foreign cou	ntry) 1	CITIZEN OF WHAT C
	Anthory	Nathan		14 MOTHER!	zaboth n	Kurer	
	15. WAS DECEASED EVER	R IN U. S. ARMED FORE		17. INFORMANT	"rat	Address	
	18. CAUSE OF DEA	TH Enter only one co	use per lim for (a), (b), and (c).]	~	6		INTERVAL RETA

14 1/cms/ 101-1	1 100 11 15 11 140 31 1	1 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* 1 / /	
d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	address) d S	TREET ADDRESS	/ .	e IS RES DENCE ON A FARM?
Al mariantal	, , , , , , , , , , , , , , , , , , ,	217/- 1.14	<u> </u>	YES NO
3 NAME OF First	Middle	Lost 4. DATE	Month	Day Year
(Type or print) /+ ; * · · ·	12.41 1.	DEATH .	3, 5/-1	19" >
5 SEX 6 COLOR OR RACE 7 MARR	IED NEVER MARRIED B DATE	OF BIRTH 9	A STATE OF THE PARTY OF THE PAR	1 YEAR IF UNDER 24 HRS
(1) WIDOWE	D DIVORCED 1/2-	11-90	lost birthdoy) Months	Days Hours Min
10a USUAL OCCUPATION (Give kind of work done) 10b il during mast of working life even if retired() 1 b to	KIND OF BUSINESS OR INDUSTRY 11	BIRTHPLACE (State or foreign cour	ntry) 12 Cf	IZEN OF WHAT COUNTRY
	m business	E		A to the same
13 FATHER'S NAME	14 MC	OTHER'S MAIDEN NAME		
Arthory Nothen	E	Lizabeth M	Rukek	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. INFORMA	YT	Address	
[If yes, give wor or dates of service)	yes Pt A	1 "hat n		
18. CAUSE OF DEATH [Enter only one cause per lin	for (a) (b) and (c)			INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY:	Dut de la la	Col.	lana.	ONSET AND DEATH
IMMEDIATE CAUSE (o)	care juins	sucre and		7 100
H2011 DUE TO	and Out	· Id.	, .	2/
Conditions, if any, which (b)	cute Carac	as / allen	geneation	L WHE
gave rise to immediate DUE TO	1.	$\cdot \cdot $		1 22.
lying couse lost	4 Muno	ardial the	larction	1 100.
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE	ONDITION GIVEN IN PAI	T 1(a) 19. WAS AUTOPSY
VI.				PERFORMED? YES NO D
20a ACCIDENT WAS UNDERLYING 1 20b. DESC	RIBE HOW INJURY OCCURRED (Enter	volume of ansary in Port I or Port II	of den 18.1	163 🔲 160 🕼
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	the state and a decourte femel.	court of injury art of tort.	or train tory	
S 20c. TIME OF INJURY Month, Day, Year 20d. IN	JURY OCCURRED 20e PLACE OF II	NJURY (Home, form, 20f. (City of	town) (Caunty) (State)
Hour o. m. While	_ Not while foctory, stre	et, office bldg , etc)	((dan)	coomy) (apple)
\$ p. m. 19 al wark	of work			
21 I certify that latended the decease	ed from 4/12 /58	9 to: //60	1958 that I	last saw the decease
alive an 195	X and that death occurr	ed M from		he date stated above
	7' -		et, city or town, state)	DATE SIGNE
ACTUAL / R. AGA. T. Q. (1)	1/110-8	and the same of th	7 - 10.	_ %*
SIGNATURE CONTRACTOR	M.D		/Y	-22
PHYSICIAN'S RALIMENS	0 u + 1),116 Riogs Road	l, Adelohia,	M₫.
220 BURIAL, CREMATION, 226 DATE THEREOF	22c NAME OF CEMETERY OR CREMA	ORY 22d LOCATIO	ON (City town ar county)	(State)
REMOVAL (Specify) 7/15/58	FT. LINCOLN CENTE		TEO. COUNTY	MAU YLAND
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'D BY REGISTRA	6 /	
Yllaunen & Turn blue		/D JUL 1 4 '	58	duca
U HIMBURY D. HUNDOWY ILA	2003 200 7. 200 2. 8 3	DATE		

n by the funeral director, nd 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death may be retained by the hospital or aires fing physician.

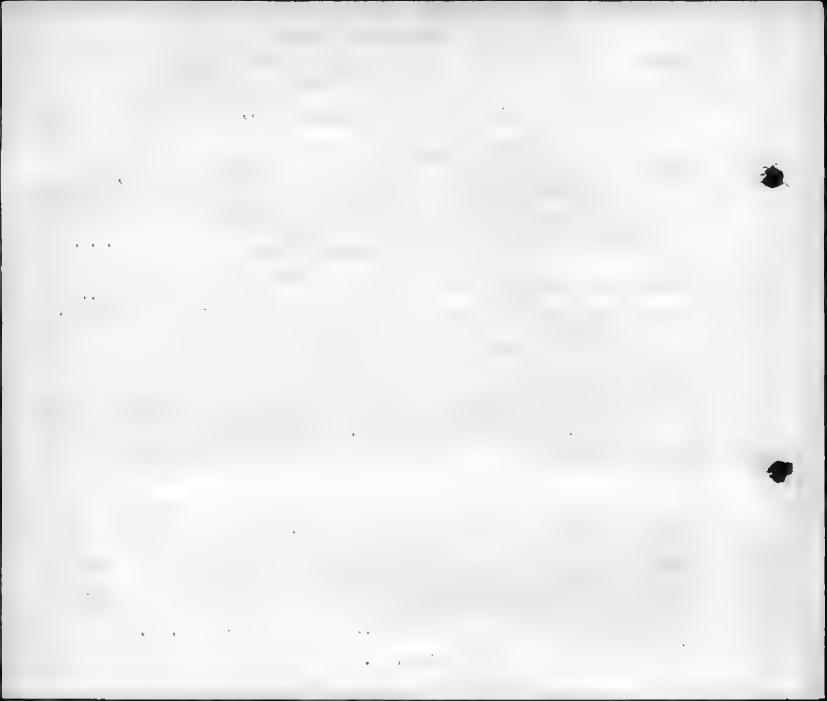
TO FUNERAL DIRECTOR: After this certifie has been signed by the attending physician and completely film in by the funeral page 3 shauld be detached for use at the burial-transit permit. Then please remaye carbon papers. Page and 2 shauld be the registrar prior to burial, crematal, and in any event within 72 hours often death.

VS A15 (4) 15M 10/57



requires that the death certificate be executed within 24 hours after death. Page 4

		PLACE OF DEATH O. COUNTY Mont	gomery			MARYLA	i i	2. USUAL RESIDE o STATE Mary	_ `	nere deceased	lived If institute 5. COUNTY Monta	on, Residen		re admiss	ion]
)	t	b. CITY OR TOWN (F	autside corporate limi	its, write	c. LENG	TH OF STAY IN	115			outside corpor	ole limits, write R	URAL and	give nea	rest town)
		Gaither		ural	D	2 Mont	ha	🗏 Barn		110.,					
)		OR INSTITUTION ATIMO	ns Nursing					STREET AD	DRESS						FARM?
		NAME OF DECEASED (Type or print)	Garfie			Middle		Olney	7	4, DATE OF DEATH	July	th 26	Do	•	Year 19 58
	5 5	SEX	6 COLOR OR RACE	7. MARR	RIED N	EVER MARRIED	B.	DATE OF BIRTH			9. AGE (In years	IF UNDER	1 YEAR		R 24 HR5
		male	C	WIDOWE		DIVORCED		March	26	1881	10st birthdoy)	Months	Days	Hours	Min
	10o	. USUAL OCCUPATIO during most of work Labore	ing life, even if retired	done 10b.	KIND OF	BUSINESS OR	INDUSTI		CE (Stole		untry)	12, CII	U.S		COUNTRY
	13.	FATHER'S NAME						14. MOTHER'S A					<u> </u>	district.	
			Unknown					TT.	nlanos						
1		WAS DECEASED EVER		CES? 16.	SOCIAL S	ECURITY NO.	17. INF	ORMANT	ABladia		1 Add	onste:	- Da		
- }	1144	, in ar arrivally	yes, give wer or eches or					Ammons	Nurs:	ine Hor		bhore			
			TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c			(b), ond.(c)]	-	rombos				* <u>* * * * * * * * * * * * * * * * * * </u>	LINT	SYAL BE	TWEEN
		241X	DUE TO		Mi t	ral Si	teno	eie							
		Conditions, if an gave rise to in couse (o), stating I lying cause last.	he under-	Ó		diac		hma							
	Z		FR SIGNIFICANT CON						THE TERM	INAL DISEASE	CONDITION GIV	FN IN PAR	T Hol I	9 WAS	AUTOPSY
\wedge	FICATION	Emphas	sema. (Chron	nic	Bronch	aiti	.s. A	nem	ia.				PERFO	NO T
	CERT	OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HO	W INJURY OC	CURRED	(Enter nature of	injury in	Port I or Port	II of item 18)				
	MEDICAL	20c, TIME OF INJURY Haur a. m p. m.	Month, Day, Ye	or 20d It White of warl		while	0e PLAC focto	E OF INJURY (H ry, street, effice l	ome, farn bldg., etc	20f. (City	or town)	(1	County)		(Stole)
		21. I certify the	at Lattended the	decease	ed fram	June	<u> </u>	3, 1953_,	Io_J	uly	19_58	3,that I	last so	w the	decease
		alive an	July 26	, 155	B,.	and that a	leath c	occurred at_			the causes o		he da		ed abavi
		ACTUAL SIGNATURE	elyte	1	ew	ell	M.	D		Norb		,			1/58
1		PHYSICIAN'S V NAME (Type)	Vebster	Sewe	ell,	M.D.		Rt.	1	Sil	ver Spi	ring.	, Mo	d.	
	220	BURIAL CREMATION	2 2 4	OF		ME OF CEMET	_			22d LOCAT	ION (City, town	or county)		(Stote	•)
		Burial (Specify)		,		incoln	Park				kville,				
	23	HUT Z	SIGNATURE	len		oress okville	, Ma		246. REC' DATE	D BY REGISTI	1 / 1	STRARYS SI	GNATHI Salat	8	
						·				707					



Bethesda, Marylandom

director. ed funeral 20 P o sign t DIRECTOR prior plnous m Ö VS A15 (4) 15M 10/57

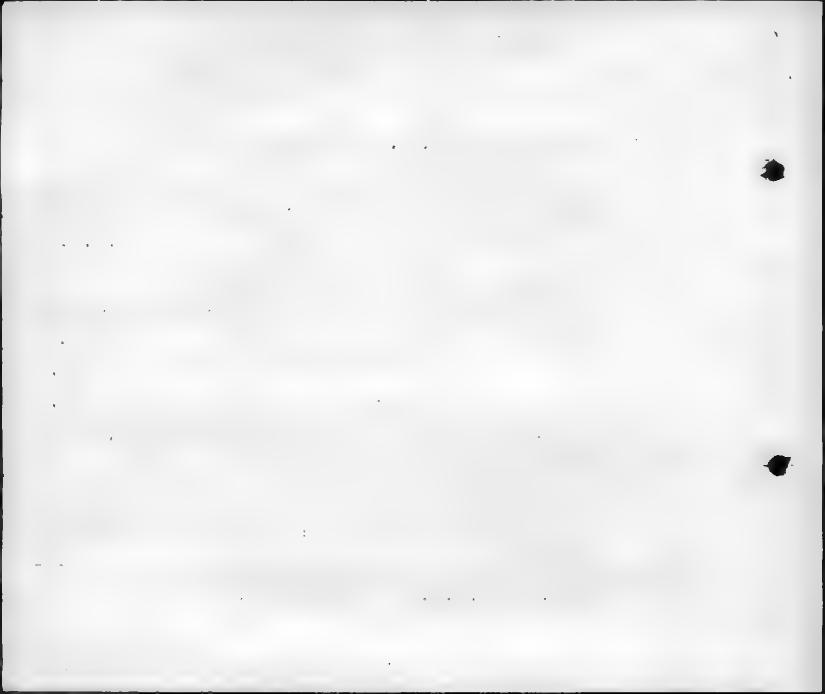


		8	192	CERTIFIC	AIE OF L)EAT(H		Reg. D	ist. No.		
1.	PLACE OF DEATH O COUNTY Mont	gomery		MARYLAND	2. USUAL RESI o. STATE GOOT		here decease	d lived If institute b. COUNTY	on: Reside	nce before	e admiss	оп)
Г	b CITY OR TOWN (If RURAL and give new	outside corporote limi	ils, write c	LENGTH OF STAY IN 16	c. CITY OR	TOWN (IF	outside corpo	rote limits, write R	URAL and	give negi	rest lown	1) ,/
	Bethesda	urest town)		94,64 days	Augu	sta			-			V
Г	d. NAME OF HOSPITA	AL (If not in hospital, g	give street ad	idress)	d. STREET A	DORESS				E	. IS RES	IDENCE FARM?
L	The Clinic	al Genter,	Bethe	esda 14. Md.	1127	Feny	ricke S	Street				NO 🔽
3	NAME OF DECEASED	Fit	rst	Middle	Los	r1	4. DATE OF	Mor	dh	Day		Year
L	(Type or print)	Wil	liam	Claude	Ow	ren	DEATH	Ju	ly	17	7,	19 58
5	SEX	6. COLOR OR RACE	7 MARRIE	D 🖎 NEVER MARRIED 🗌	B DATE OF BIRT		- 001	9. AGE (In years lost birthday)	Months			ER 24 HRS
L	Male	White	WIDOWED	_	January		1884	tt var	Monins	Doys	Hours	Min
10	 USUAL OCCUPATION during most of works 	N (Give kind of work ing life, even if retired	done 10b KI	ND OF BUSINESS OR IND	USTRY 11. BIRTHPI	ACE (Stote	e or foreign c	ountry)	12. CI	TIZEN OF	WHAT	COUNTRY
L	Laborer]	None		Geor	gia			U. 5	3. A	
13	FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME					
L	William Ow	T					dcia I					
15	WAS DECEASED EVER	IN U.S. ARMED FOR Il yes, give wor or doles of t		OCIAL SECURITY NO 17	INFORMANT Th	e Med	lical H	Record Add	ress			
<u>_</u>	No			<u>scertainable</u>	The Cl	inica	11 Cent	ter, Behl	esda	14,	Mar	yland
		TH [Enter only one co									RVAL BE	
	PAKI I, DEAI	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	<u> </u>	nanition							l yr	
	152.7	DUE TO										
	Conditions, if on gove rise to in		, M	etastatic ma	lignant c	arcir	noid i	n liver			2 yr	8.
	couse (o), stoting t							_				
_	lying couse lost.) (c		alignant car							3 yr	
Į į	PART II OTH			NTRIBUTING TO DEATH BI						- 1	PERFO	AUTOPSY RMED?
N N	Arterios			vascular dis					infe	ct.	YES 🔽	NO 🗌
1 CERTIFICATION		CAUSE OF DEATH	200, DESCR	IBE HOW INJURY OCCURI	ED (Enter nature c	it injury in	Fort For Far	I II of item IE)				
MEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Day, Ye	or 20d. INJI While		LACE OF INJURY (octory, street, office	Home, form	m, 20f (City	or town)	((County)		(Stote)
MET	p. m.	19	ot work [Not while of work			1					
	21. I certify the	at I attended the	deceased			, to	July	17 , 19 58	that I	last sa	w the	decease
	alive on	July 17	1215	and that deat	h occurred a	1:10	PM, from	n the causes o	and on t	he dat	e state	ed abovi
	IN		1/ []			Ì		lreet, city or town,				ATE SIGNE
	ACTUAL SIGNATURE	emano	1 7/11	wery/	MD. Th	e Cli	inical	Center			7	-18-5
	PHYSICIAN'S			d		tiona		titutes o	f Hea	alth		
ļ.,	NAME (Type)	lorman R. C	evirt	z., M., D.	Be	these	la 14,	Maryland				
22	BUR AL, CREMATION	7/22/	58	Nash of Cemetery	OR CREMATORY	1	229 LOCA	HON (City, town,	or county)		(Stote	e),
23	FUNERAL DIRECTOR'S	SIGNATURE	0. 14	LOO Chapun	St KW	24a. REC	D BY REGIST	RAR 5 24b. RIGI		GNATURE		

y about on 2 should be filed with TO MUSHITAL OF ATTENDING PRYSICEN: The low requires that the lean semisficate be exempted within 24 hours after death. may be retained by the haspital or afterion physician.

TO FUNERAL DIRECTOR: After this cert has been signed by the attending physician and non letely fit page 3 shauld be detached for use as the burial-transit permit. Then please remove corben appers. Page the registrar prior to burial, crematian, at removal, and in any event within 72 had softer death. VS A1S (4) ISM 10/57

M



VS A15 (4)

220 BURIAL, CREMATION,

22b. DATE THEREOF

METHA

CATE OF DEATH Reg. E	110143 Dist. No.
2, USUAL RESIDENCE (Where deceased lived. If institutions Resid	lence before admission)
o. STATE-	neales
c. CITY OR TOWN (If outside corporate limits, write RURAL and	d give nearest town)
Indian Kocks 15	each
d STREET ADDRESS	IS RESIDENCE ON A FARM? YES NO IN
TA ONE	
CLUENS DEATH TELLES	26 195 S
B DATE OF BIRTH 1 9. AGE (In years 11 JUND) 1 1 1 1 2 1 2 4 9 8 (2) yrs. Months	ER 1 YEAR IF UNDER 24 HRS
	TITIZEN OF WHAT COUNTRY
Vercinia	4,8,
14. MOTHER'S MAIDEN NAME	110
INFORMANT Address Address	1/1
Helen Reed. RED#2 (a the how he
1/B = 2/2 - 1 + 2	INTERVAL BETWEEN
a el meast emo 1x 1020	0 37700
٠٦	
UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 2
RED (Enter nature of injury in Part I or Port II al item 18.)	
PLACE OF INJURY (Home, lorm, 20f (City or town) foctory, street, olfice bidg, etc.)	(County) (State)
19 1, to 2 2 3 2 19 19 that	I last saw the deceased
ith accurred of A.M. from the couses and an	the date stated above
ADDRESS (Street, "city or lown, stote)	DATE SIGNE
m.u. / ==================================	-
i kachucile, his	
OR CREMATORY 22d. LOCATION (City, 104n, or county Color of the county	(Stole)
Stary 1240. REC'D BY REGISTRAR 246 REGISTRAR'S	SIGNATULE
DATE JUL 28 58 CON-E	such



death

PHYSICIAN:

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Them 9 FR. 123-58 STATE OF DEATH

REPORT OF THE PROPERTY OF 2195

		No.	8	1	8	1
teg.	Dist.	No.				᠕

1, PLACE OF DEATH COUNTY YOR'S GOLDENIC MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE 1. P.F. and b. COUNTY, O. 1. TO, 2015							
B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						Xc. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest fown)						
d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Cuburban I'ospital						d. STREET ADDRESS 5521 Donger Inge on a FARM? YES NO NO YES NO						
	NAME OF First Middle			lost		. DATE OF	Man	ith	Day	Yeor		
		6 COLOR OR RACE		Charl MARRIED NEVER MARRIED		i urkei		DEATH	9. AGE (In years	LLY LEUNDES	7 DIVEADUS I	19 56 UNDER 24 HRS.
	lle	1	WIDOW			December 2	1.00		lost birthday)	Mantha		ours Min
	. USUAL OCCUPATION	ON (Give kind of work of	lone 10b	Promit Company	<u> </u>		4 4-1			12 CI	TIZEN OF W	HAT COUNTRY?
	lebird	king life, even if retired)				Tenleyto	oun.	D.J.			U. 3. 3	
13.	FATHER'S NAME					14 MOTHER'S MAIL	DEN NAM	AE				
		James P	hrke	C		Unknow	n					
15.	WAS DECEASED EVE	R IN U. S ARMED FORG	ES7 16.	SOCIAL SECURITY	NO. 17. II	NFORMANT GT :	.กนับจ	n	Add	ress	at in	Dor
					Co.	sstus Dorse	ejr -		1.050	02.	4 00	tr. t,
		ATH [Enter only one court the WAS CAUSED BY: IMMEDIATE CAUSE [0]		re for (a), (b), and	11-c	ilus	2				ONSET .	AL BETWEEN AND DEATH
	Canditions, if o gave rise to i cause (a), stoling lying cause lost.	mmediate (1200	<u>u. </u>						20	weks
MEDICAL CERTIFICATION												
CERT	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18) OCCURRED. (Enter noture of injury in Part I or Port II of item 18) If EITHER, NOTIFY MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Day, Yea	While	Nat while of wark		ACE OF INJURY (Home lary, street, office bldg		20f. (City	or tawn)	(County)	(Stole)
	21. I certify that I attended the deceased from Suly 2, 19 St., to July 7, 19 St., that I last saw the deceased alive on 19/9 F., and that death occurred at 1/4 M. from the causes and on the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE											
	PHYSICIAN'S NAME (Type)											+
7	BURIAL, CREMATIC REMOVAL (Specify)	- 7-12-	58	72c NAME/OF C	EMETERY O	CREMATORY	, , 22	Len Lin	ION (Cly, town, o	Par	. 11	(State)
23.	FUNERAL DIRECTOR	S SIGNATURE	101	ADDRESS	1,61	110,1116AT		Y REGISTR	158 24b. REG!	STRAR'S SI	GNATURE,	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

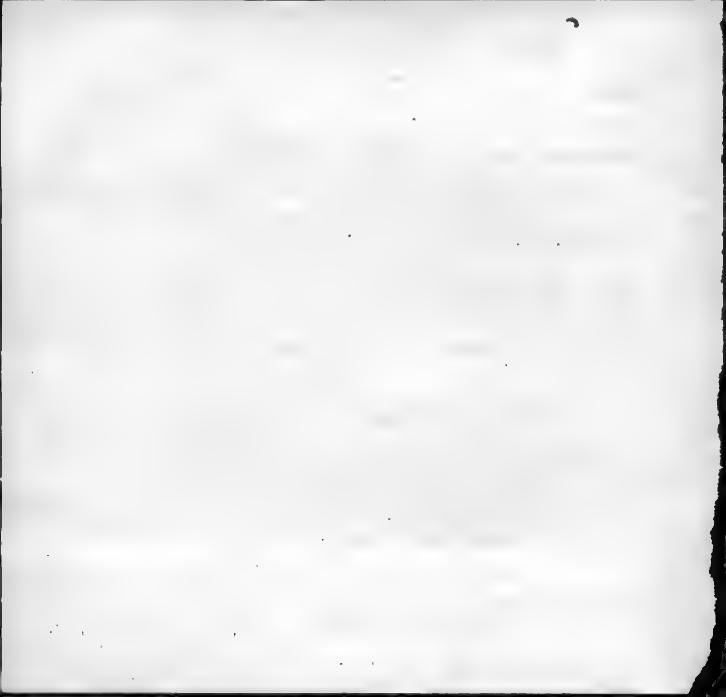
To FUNERAL DIRECTOR: After this certificate has been signed by the attended carbon papers. Pages 1 and 2 shauld be the wife with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8088 CERTIFICATE OF DEATH

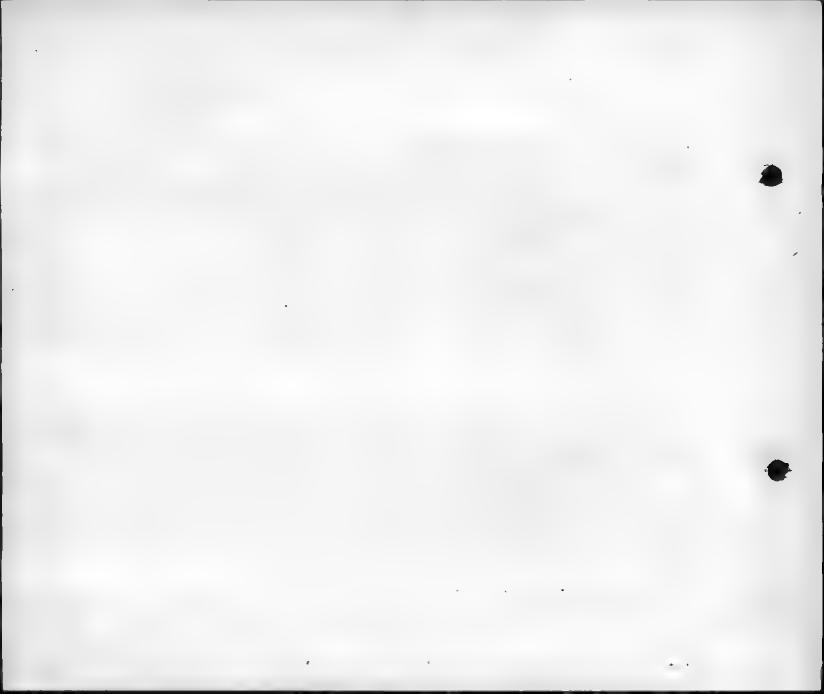
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Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution. Residence before admission a. COUNTY n. STATE **L. COUNTY** MARYLAND b C.TY OR TOWN (if outside corporate limits, write RURA) and give nearest (own) c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hr. CLI e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address). d STREET ADDRESS OR INSTITUTION ON A FARM? YES TO NO K NAME OF Áiddle 4. DATE Month Year DECEASED OF (Type or print) DEATH 19.58 aham 9. AGE (In years last, birthday) 7. MARRIED M NEVER MARRIED B DATE IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED | DIVORCED [600 yrs 100. USUAL OCCUPATION (G ve kind of work done 10% KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working liter area if refresh 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASEDEVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (9), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 4443X DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO | 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part III of item 18.) MEDICAL 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work 0. m. 1955 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at G. F.M. from the causes and an the date stated above. alive on -ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 270. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, fown, or county) RIAL (Specify) EPISCOPAL CHURCH CEMETERY, MONTGOMERY COUNTY, MD. RACE FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b-REGISTRAR'S SIGNATURE SILVER SPRING, MD. - chuc



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ofter



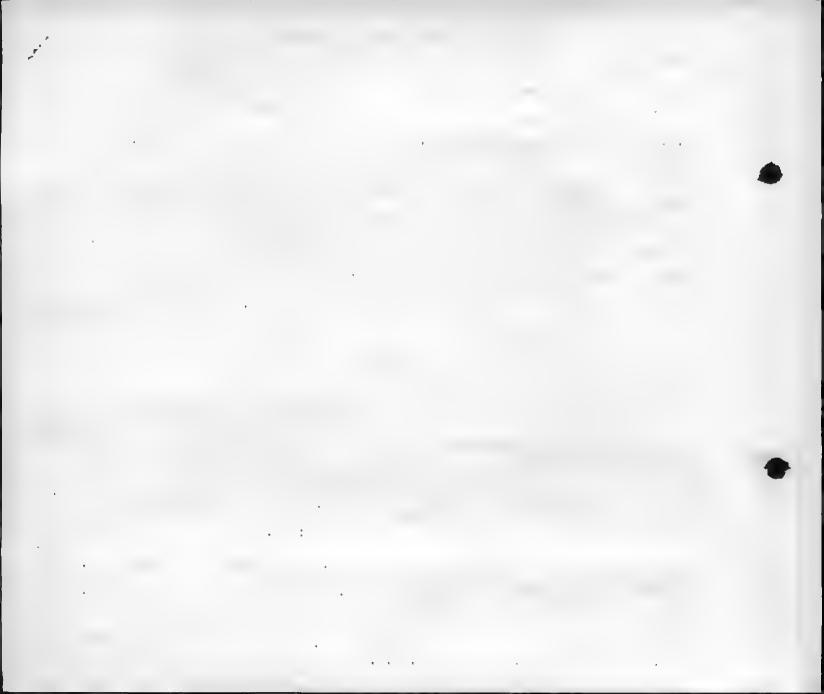
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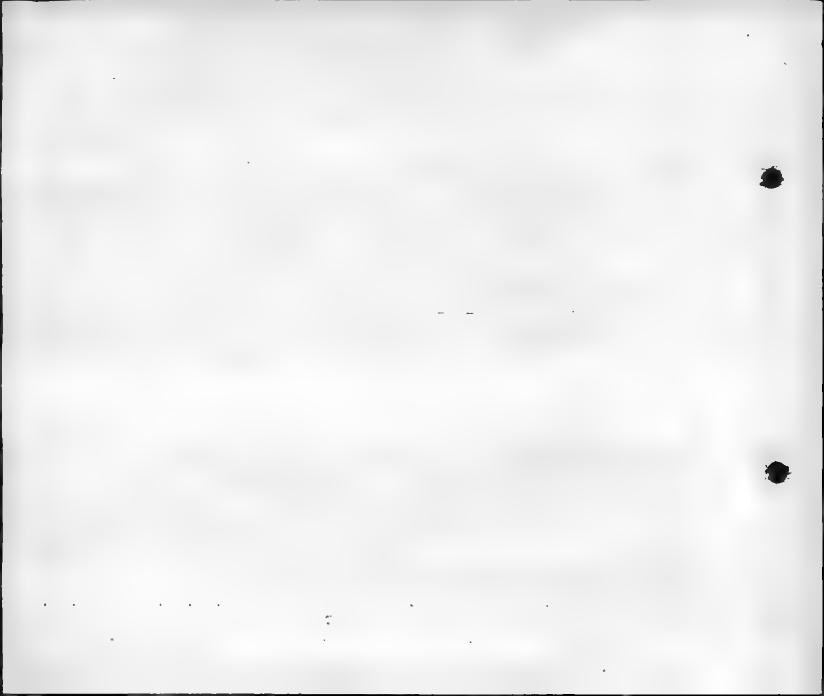
requires that



HOSPITAL



CERTIFICATE OF DEATH filed with Poge PLACE OF DEATH USUAL RESIDENCE (Where deceased lived If institution Residence before admission) e. COUNTY o STATE **6 COUNTY MARYLAND** hours offer death? funeral b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 90 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) plnots d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? WOSHINGTON SONT HOS YES NO L NAME OF First 4. DATE Middle Last DECEASED OF DEATH (Type or print) 19.5 5 5 SEX 6 COLOR OR RACE 9 AGE (In years lost birthday) MARRIED NEVER MARRIED B DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months popers. leath, WIDOWED [DIVORCED | USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) しんけいごけいご FATHER'S NAME 14. MOTHER'S MAIDEN NAME DOONYO C IS. WAS DECEASED 17 INFORMANT Hending **__**QQQ力 B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pulmonary Edema IMMEDIATE CAUSE (o) **DUE TO** Multiple Myeloma Months. Sup Conditions, if ony, which permit (6) gove rise to immediate **DUE TO** couse (o), sloting the under-Uremia the has been are burial-transit lying couse lost PART IF. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS ALTOPSY PERFORMED? YES TO NO IT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Port I or Part II of item 18] 20¢ TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m While Not while ot work of work p. m. 21. I certify that | attended the deceased fram. 2014 .that I last saw the deceased alive an and that death accurred at. ZIM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) way be relained by PUNERAL DIRECTO ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Coleman Carroll 220 BURIAL CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, fown, or county) (Stote) page REMOVAL (Specify) Buria Cemetery 9 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24n, REC D BY REGISTRAR Maryland DATE JUL 9 VS A15 (4) Pumphrev Bethesda. 1SM 10/57



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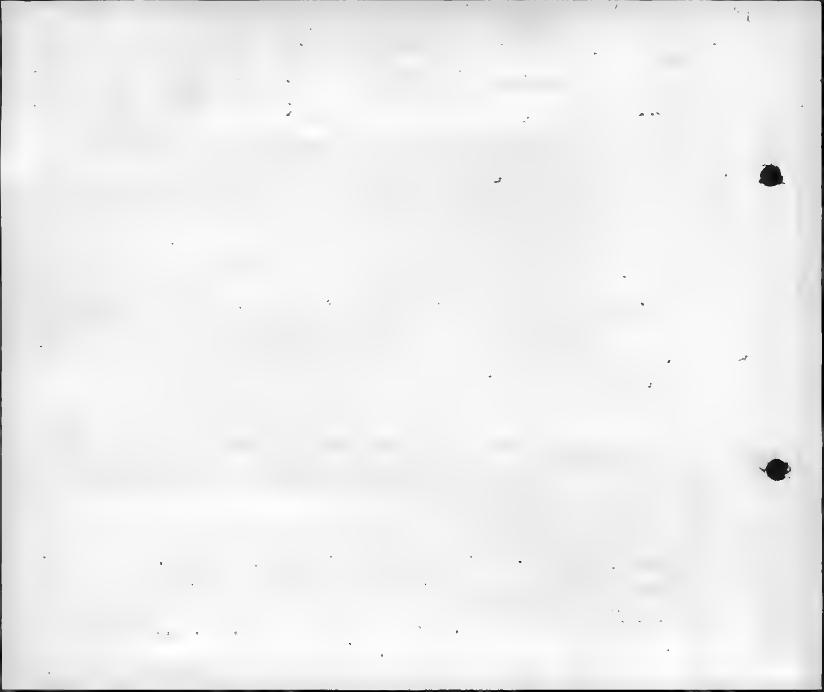
CERTIFICATE OF DEATH 8199

Reg. Dist. No. 215

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	OR INSTITUTION U.S. Naval	At (If not in hospital, g	The dela	oddress)		d STREET A		00th 6	St.,N.W		1 1	ON A	FARM?
-									36.,N.W	-		YES [NO 🌉
	3. NAME OF DECEASED (Type or print)	Peg		May May		PRYC		4. DATE OF DEATH		uly		23	Yeor 10 58
X	5 SEX			IED NEVER MARRIED	□ B	DATE OF BIRT	Н		9. AGE (In yea	rs IF UN	NDER TYEA		1
I	Female	White	WIDOWI	DIVORCED [24 Janu	ary 1	.913	9. AGE (In year last birthdo)	rs. Mon	ths Days	Hours	Min
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ľ	13. FATHER'S NAME					14. MOTHER'S							
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ŀ	No			Unknown	(Hu	sband)	Roland	d F. F	RYCE Rt	17	Par	amus	, N.J.
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ı	10	DUE TO		r	, ,		/	/.					- /
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		Month, Doy, Ye	or 20d It	NJURY OCCURRED 20	e PLA	E OF INJURY	Home, farm	, 20f. (City	or town)		(County	1	(State)
ı	ZOC. TIME OF INJURY Hour o. m.	19	While of world	Nat while	foct	ary, street, office	e bldg., etc.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	,,,,,,,
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1	alive an 23	July		58, and that d						cond o	on the ele	ote stet	deceased
1		7 7	<u> </u>	, , , , , , , , , , , , , , , ,	cuiii ·	occorred di,			treet, city or tow		in the ac		ATE SIGNE
	ACTUAL SIGNATURE	471	Kul	uth	M	D. U.S.	Naval	. Hosp	ital, B	e the	sda,	ма.7-	24-58
	PHYSICIAN'S R.	G. MUTH, I	л, м	C, USN		U.S.	Naval	. Hosp	ital, B	ethe.	sda,	Md.	
	220 BURIAL, CREMATION REMOVAL (Specify)	4, 226. DATE THEREC	F	22c NAME OF CEMETE	RY OR	CREMATORY			TION (City Town			{Stot	
4	Cremation	7-26-58		Cedar Hill	Cre	matory		Prin	ce Geor				nd
12	23 JUNEBAK DIRECTOR'S		Com	ADDRESS				D BY REGIST		GISTRAP	S SIGNATE	JRS	
L	Birch and S	ons, 3034	"M"	St.,N.W.Wash	1. I	- C-	DATE	JUL 2 8	'58 U	WH	educe	h	



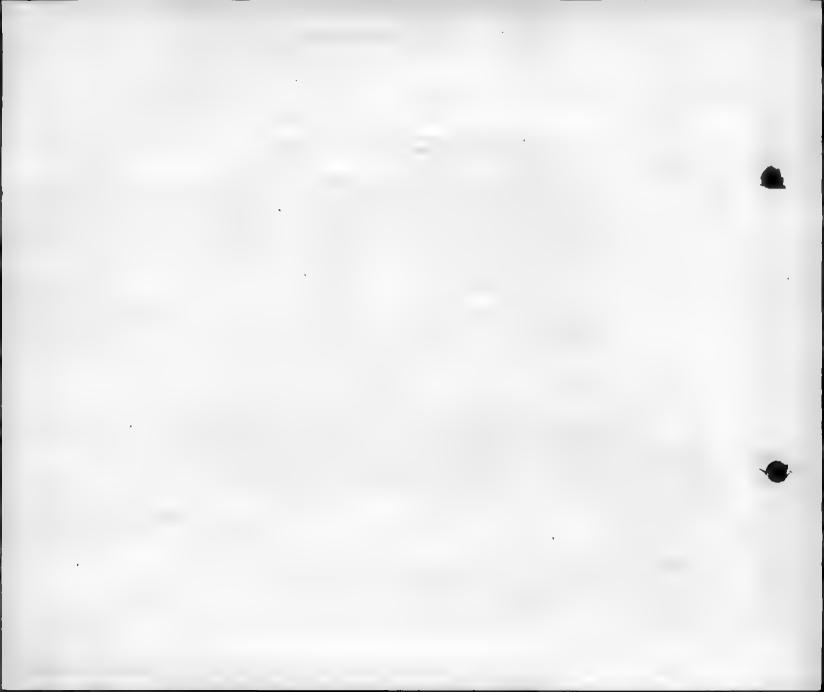
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DECEASE OF DEATH [Einer only one Code Plant State			8200 CERTIFICATE OF D	FATH
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21. I certify that I attended the deceased from 21. 10 to Massian that I lost saw the calive an Author of the deceased from 21. 10 to Massian the causes and an the date state. ADDRESS [Street, city or town, stole] DA ADDRESS [Street, city or town, stole] DA ADDRESS [Street, city or town, stole] DA HYSICIAN'S NAME (Type) CP. HYLAND Washington (C) 220. BURIAL REMAINON 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town or county) (State DIPTIA) The CONTROL of				4 204 40
21. I certify that I attended the deceased from 21. 10 to Massach , that I lost saw the calive an Author of the deceased from 22. and that death occurred at 22. AM, from the causes and an the date state. ADDRESS [Street, city or town, slote] DA ACTUAL SIGNATURE PROPERTY OF CREMATORY AND CONTROL (City town or county) (State BLACKING) (City town or county) (Cit		WEDIC	Hour o. m. While Not while foctory, street, office	
alive an ALLY 3, and that death occurred at 39 AM, from the causes and an the date state. ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type) 220. BURIAL EREMANON 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town or caunity) (State Dirial 7/16/58 Ft. Lincoln Cometery Pr. Goo. Co. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 2901 114 5 State NAMO 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE			500 50	to prosectly that I lost saw the dec
ACTUAL SIGNATURE CYCLE COLOR SIGNATURE PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type) PHYSICIAN'S CP. HVLAVD Washington (CDC 20. BURIAL EREMANON 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town or county) (State Director's SIGNATURE 240 REGISTRAR'S SIGNATURE 2901 11th Stand Name (CDC) 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE			alive an July 13 0, and that death occurred at	130 AM, from the causes and an the date stated a
PHYSICIAN'S CP. RVLAND Washington (DC 220. BURIAL, ERRAMANOM 226 DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d LOCATION (City town or county) (Stole BACOMAL (Specify) 7/16/58 Ft. Lincoln Cometery Pr. Goo. Co. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 2901 11th Stand Name (Stole BY REGISTRAR 246 REGISTRAR'S SIGNATURE)			ACTUAL OF KILPORED 4	ADDRESS (Street, city or town, stote) DATE S
NAME (Type) 1 1 1 1 1 1 1 1 1	1			
burial 7/16/58 Ft. Lincoln Cometery Pr. Geo. Co. Maryland 23. Fuyeral Director's SIGNATURE 2901 Pt. Stan New 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE	- 1		NAME (Type)	Vashington 16 DC
23. FUNERAL DIRECTOR'S SIGNATURE 2901 1/1th Stan NEWO 240. REC'D BY REGISTRAR'S SIGNATURE		720	REMOVAL (Specify)	
2901 1/1th St/2_N/W/O		23.		
		2	1 2/ 2/ NAWOU	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08189

8201 CERTII	FICATE OF DEATH 20-58 et Reg. Dist. No.
1. PLACE OF DEATH O COUNTY MONTE & MARYL MARYL	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before aday as on)
b. CITY OR TOWN (If outside corporate whits, write RURAL and give neages) down)	IN 1b c CITY OR TOWN (H offside corporate limits, were furfal and give nearest town)
d NAME OF HOSP TAL (f not in hospital, give street address) OR INSTITUTION JULIAU Day	d STREET ADDRESS 1305-Hilton flare, VES NO.
3. NAME OF DECEASED (Type or print) 3. NAME OF DECEASED (Type or print) 1. NAME OF DECEASED (Type or print)	1) Fold A. DATE Month Day Year OF DEATH July 12 1958
5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED NEVER MARRIED D. VORCED	OCT 8 18 94 Birthday) Months Days Hours Min
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of warking life, even/if retired)	Eng/2. d. 11.5,A.
13. FATHER'S NAME Tim drew Wall	14 MOTHER'S MAIDEN NAME
IS WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no or unknown) (If yes, give wor or doller of service)	Derutus Bond lear Takement
PART 1. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (6)	Interval between onset and ocean onset and ocean
Conditions, if ony, which) (b) Auguste	useon a Citerra icloragio 2 10 478
gave rise to immediate couse (a), stating the under-	
3 Francescylopena	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 101 19 WAS AUTOPSY PERFORMED? YES NO 12
UF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED (Enter nature of inputy in Part I or Part II of stem 18.)
20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While Not while	20e PLACE OF INJURY (Home, farm, 20f. (City ar lown) (County) (State) factory, street, office bldg., etc.)
	death accurred at 2 150 PM, from the causes and an the date stated above
ACTUAL SIGNATURE PARLES TO SUPPLIES	ADDRESS (Street, city ar town, stote) DATE SIGNED ADDRESS (Street, city ar town, stote) 7-12-3
PHYSICIAN'S NAME (Type)	Chew Chase, md.
220. BURIAL CREMATION, 2015 DATE THEREOF 22c NAME OF COMET REMOVAL (Specify) July 14, 1958 The Line	TERY OR CREMATORY () 220 JOCATION (GITY, town, or country) ISTOICE SURVEY ()
2. FUNERAL DIRECTOR'S SIGNATURE ADDRESS V. CITTAUN WILLIAM 254 CANAN O	While Date JUL 1 5 '58 Describe



VS A15 (4) 15M 9/55

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id be filed with	(

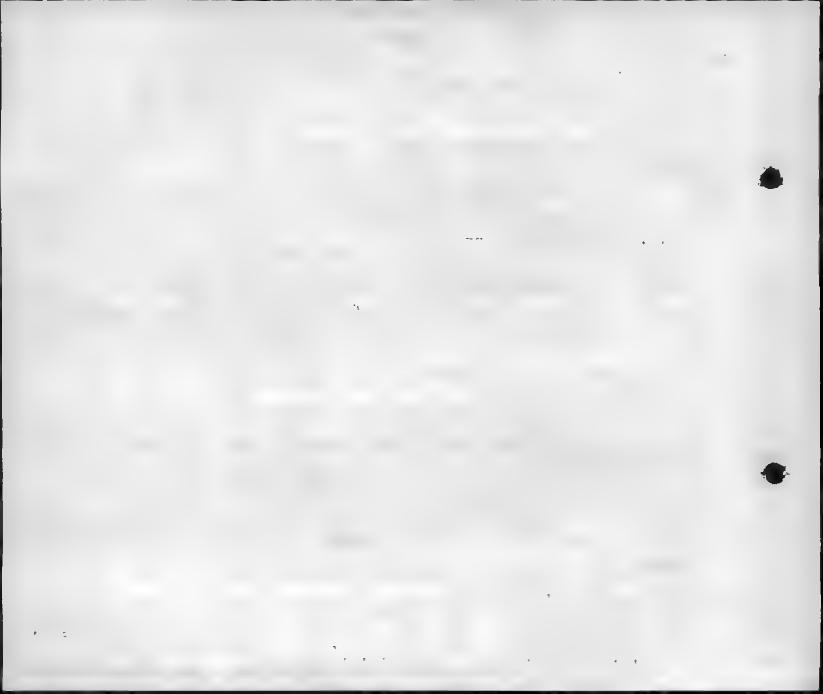
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8090

CERTIFICATE OF DEATH

Reg. Dist. No.

08190

۱Ŀ	nag. 0131, 140.
厂	PLACE OF DEATH COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) STATE DISTRICT OF COUNTY DISTRICT OF COUNTY
ľ	b CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
L	Jakame Mul 19 gar Wasting Tore 4.
ı	d. MAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
F	Rolls Mussing Home 4507 Wigyle lerrace N.W. YES NOB
13	NAME OF DECEASED (Type or print) Sava 4 th 3abeth Records DEATH July 20 1958
5	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS ign birthday) Months Doys Hours Min
1	TE CALL WIDOWED DIVORCED JUNE 13, 18 1 15 yrs
	U.S. Government /pwa USA
1:	3. FATHER'S NAME
Ļ	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT
	19. no or without pt yes, give wor or dates of service) HONC Mypt Reynolds Washington De
H	IB CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
Т	IMMEDIATE CAUSE (a) Congretive Wear fallure 2 w/s
Т	DUE TO A DE TO A DE TO A DE TO
Т	Conditions, if any, which gove rise to immediate DUE TO DUE TO Conditions, if any, which gove rise to immediate DUE TO
	couse (a), stoling the under lying couse lost.
2	PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
NO LA VIO	
Tankon C	
14 71 700 70	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURPED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
2	Pour 6. ft. p. m. 19 of work of work , street, ottice plag, etc.)
	21. I certify that I attended the deceased from 34/4, 19), to 1, 19), to 1, 19), that I last saw the deceased
П	alive on 121/, and that/death occurred at 121/MM, from the causes and on the date stated above.
П	ACTUAL (Street, city or town, stote) DATE SIGNED
П	SIGNATURE M.D. M.D.
L	PHYSICIAN'S James M. Whitlock
2	20. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
_	burial 8/1/58 Cedar Mill Cemetery Prince Georges County, Md.
1	The S. H. Hines Co2901 With St. N.W.
	DATE JUL 3 1 '58 Cluste couch



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

246. FEDISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR JUL 7 '58

23. EUNERAL DIRECTOR'S SIGNATURE CLUT, ALL THE PURISH EY 8434 Georgia

ADDRESS

8202

08191

ון ו	o COUNTY	Montgomery		MARY	LAND	o. STATE	e nce (ww yland	ere deceased	lived. If m b. COL		Residence be Montgo		s'on)
-		f outside corporate limi	1s, write	c. LENGTH OF STAY	IN 16	c CITY OR TO	WN (If o	ulside corpor	ote limits, wi			-	n)
	Bethesda (Rural)		1 yr. 13	da			Spring					
	d NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)		4 STREET AD	DRESS					e IS RE	SIDENCE A FARM?
	U.S. NAVAL	HOSPITAL,	BETH	ESDA, MD.		52	8 Ash	ford I	Rđ				NO [3]
3	NAME OF DECEASED	Fire	1 l	Middle		Lost		4. DATE		Month		Doy	Yeor
	(Type or print)	Fra	1	Ensign	1 .	RICHARDS	ON	DEATH	J	Mly	ž	+	19 58
15	S. SEX	6. COLOR OR RACE	7 MARR	IEDE NEVER MARRI	ED 🔲 🛭	. DATE OF BIRTH			9. AGE (In your birthd		onths Davi		7
	Male	Cauc	WIDOWE		_	4-2-93			65	yrs.	onths Days	Hours	Min
ď	On USUAL OCCUPATION for mg most of work	rg life, even it retired	4					or foreign co	untry)				COUNTRYP
		B mechanic	all_	Governmer	ıt	Oh	io				U.S.	•	
P	3 FATHER'S NAME					14. MOTHER'S A							
L	Irving RI	CHARDSON		_		Mart	ha Ar	in ENS.	IGN				
	S WAS DECEASED EVES	R IN U. S. ARMED FOR		SOCIAL SECURITY NO		FORMANT				Address	- 4		
L	Yes	WWI		Unknown	(MI	fe)Ural	L. RI	CHARD	SON (Same	as #a	2)	
		TH [Enter only one co		e for (a), (b), and (c).]			*			IIN	TERVAL B	TWEEN
Ł	PART I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Para	lysi	s Agitan	S] "1	2 yes	BIS
L	350 X	OUE TO								*******			
	Conditions, if or												
	gove rise to in couse (o), stating t					1001							
1.	lying couse last) (c											
	PART II OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO T	HE TERMIN	NAL DISEASE	CONDITION	GIVEN	IN PART 1(0)	19 WAS	ALTOPSY PRMED?
	5												NO 🗗
	THE EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY O	CCURRED.	(Enter noture of i	njury in P	ori I or Pori	II of item 18.	.)			
100	20c. TIME OF INJURY	f Month, Day, Yes		JURY OCCURRED	20e PLA	CE OF INJURY (Ho ory, street, office b	me, form,	20f (City	or town)		(County	r)	(State)
244	p. m.	19	While at work	Not while	1047	or y, wreer, ornice c	maga, erca)						
П	21. I certify the	at I attended the	decease	ed from 3 Jy	lу	1958	ta 4	July	19	58 ,,	not I lost	raw the	deceased
L	alive on 3	July	. 19 5	8 and that	death	occurred at	225 A	M. from	the cous	es and	on the d	ate stat	ad about
L		bo o		1 -				DORESS (Stre					ATE SIGNED
	ACTUAL SIGNATURE	St GBh	we	K ITMC.	ISNIM	U. S.	Nava	al Hos	pital,	Bet	hesda	, Md.	7-4-58
	PHYSICIAN'S	1 7		X									
	NAME (Type) G.	E. GORSUC	H LI	MC USN		U.S.	Nava	al Hos	pital,	Bet	hesda	, Md.	
2	20 BURIAL, CREMAT OF		F	22c NAME OF CEMI				22d. LOCATH	ON (City, to	wn, er co	ounty)	(Stot	e)
	REMOVAL (Specify)	7-7-58		Ford Line	oln 4	Comotory		Prid	ince G	eara	e Cour	odene 1	MA

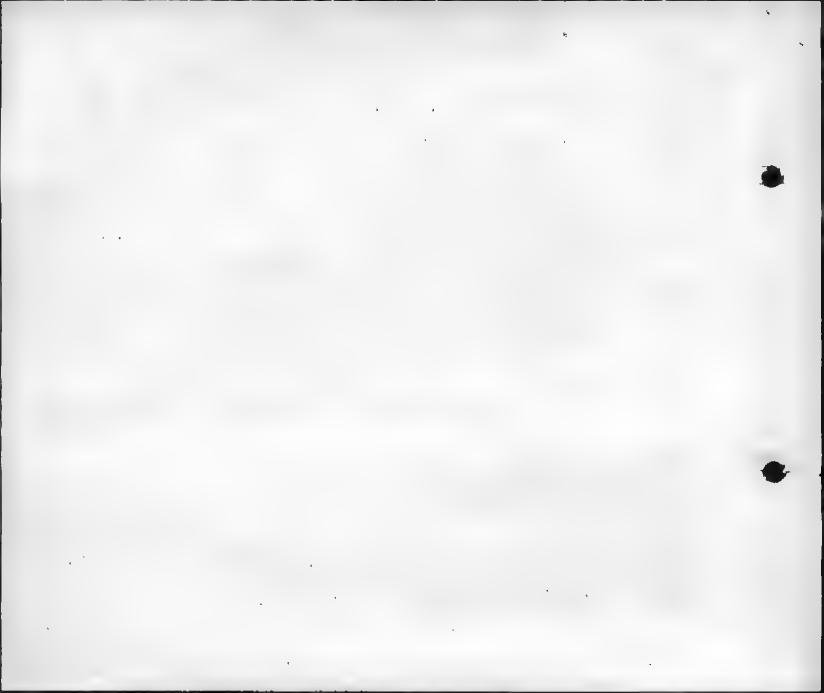
Silver Spring, Mit.

requires that the death certificate be executed within 24 haurs after death. Page 4. ding physician of the affending physician and campletely be has been signed by the affending physician and campletely be burial-transit permit. Then please remove carban papers. Po at removal, and in any event within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low may be retained by the haspital ar-TO FUNERAL DIRECTOR: After this ci page 3 should be detached far use the registrar priar ta burial, cremation,

in by the funeral director, and 2 should be filed with

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VS A15 (4) 15M 10/57



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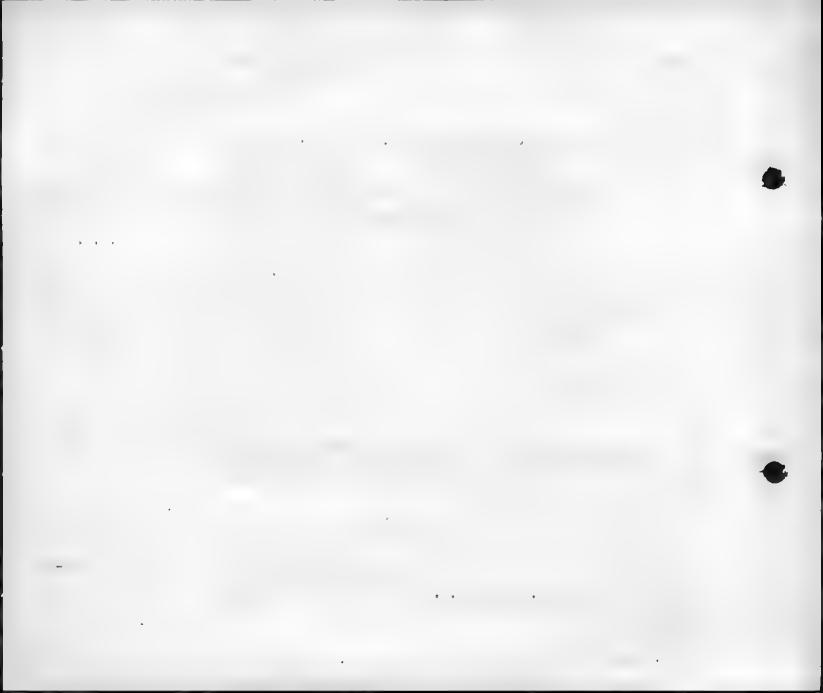
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VS A15 (4)

15M 10/57



VS. ATSME 5M 2/57

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8204 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

गठा भन

		LACE OF DEATH	2, USUAL RESIDENCE (Where deceased fixed If institution, Residence before admission)
	Ö	COUNTY Minty maryland MARYLAND	o STATE mel 6 COUNTY montes
	b	CITY OR TOWN (1 puls de corporate tief le write RURAL C. LENGTH OF STAY IN 1b and girle regress fours)	c CITY OR JOWN (If outside corporate lignits, write RURAL and give nearest town)
		Mitva Sping 14 Mm	1. Helias Showy
	d	NAME OF HOSPITAL OR INVITUTION (IN not in hospital, give street address)	d STREET ADDRESS o IS RESIDENCE ON A FARM?
		8712 Colesville Ref	87/2 Colesville Rd YES NO 2
		NAME OF First Middle	Lost 4 DATE A Month Doy Year
		Type of print) Nellie Elizabeth R	ASL DEATH July 15 1958
	5. 5	6 COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 8	DATE OF BIRTH PAGE (10 year) IFUNDER LYEAR IF UNDER 24 HRS
		Herele Whate WIDOWED DIVORCED	1-26-97 61 yrs Months Days Hours Min.
		USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTR	11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY?
1	_/_	hours own home	I mel de S. Ce
	13,	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		John Words	General Jawas
	15. [Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. IN	FORMANT Address
		none mone	M Seo. Kose Sr - hurbred
		TB CAUSE OF DEATH (Enter only one course per line for (a), (b) and (c))	INTERVAL RETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY:	reclusion pudilus
		H=O,/ DUE TO	
		Conditions, if ony, which (b)	
		(a), stating the underlying DUE TO	
	-	cause fost. (c) .	OT RELATED TO THE TERMINALD SEASE CONDITION G VEN IN PART 1(0) 17, WAS AUTOPSY
	CERTIFICATION	FART IS, OTOTA SIGNA CAM COMMINAS CONTRIBUTIONS TO DEATH BUT IN	PERFORMED?
	5	20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED JEN	YES NO NO No niter noture of injury in Port I at Part II of Item 18)
	CERT	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	or south of the first survey in the team to s
		20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLAC	E OF INJURY (Home, farm, 120f, (City or town) (County) (State)
	WEDICAL	Hour o m. While Not white factor so m. 19 of work of work	ry, street, off-se bidg , etc.)
		21. I certify that I took charge of the remains described above	re, held on Autopsy . Inspection . Inquiry . and in my
		opinion death resulted from. Natural causes XI. Accident	
			J. Soldier E. Soldier E. Silder Children Co. Co.
		SIGNATURE TOURS O BOSEFACIET	M.D. CHIEF MEDICAL EXAMINER []
4			ASSISTANT MEDICAL EXAMINER
9i. g		EXAMINER'S FLANK J. BLOSCHELT	DEPUTY MEDICAL EXAMINER ST 7-13-58
	220	BUR AL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR C	
]	BURIAL 7/18/58 AKLINGTON NAT.	L. CEMETERY ARLINGTON, VIRGINIA
	23,	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 RFC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	1	Queen & Rumphrey, Silver Sprin	B. Mar JUL 1 8 '58 Ple scrue



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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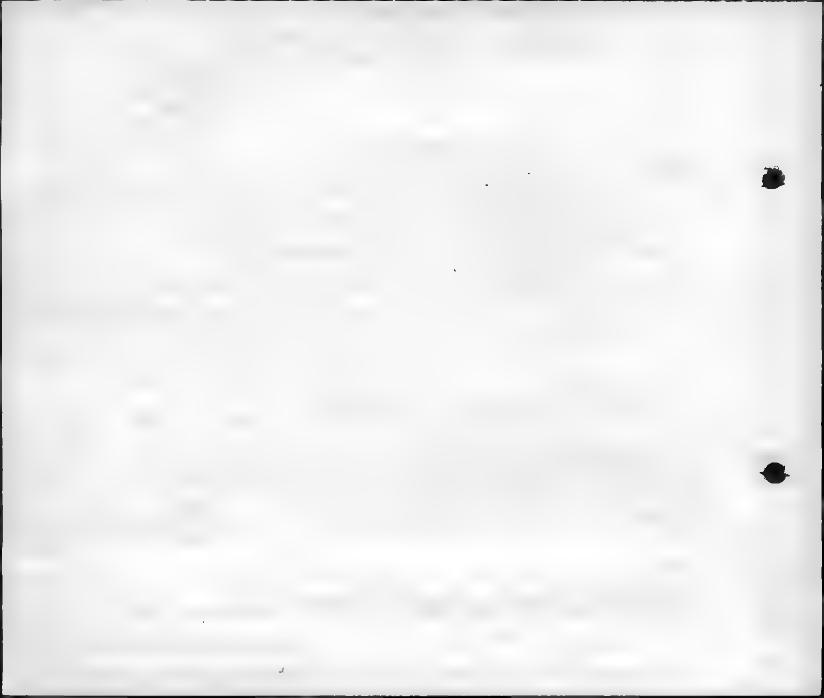
CERTIFICATE OF DEATH

Reg. Dist. No.

		CAUC.			Reg. Dist. No.
	1, 1	PLACE OF DEATH D. COUNTY THOM TARRIED TO LE	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE b. COUNTY	n: Residence before admission)
1	ŧ	b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give negrest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN If outside corporate limits, write RU	(RAL and give nearest town)
,	1	d. NAME OF HOSPITAL (If not Impospital, give street add OR INSTITUTION AT OUR CHIONI	e Hosp-	d. STREET ADDRESS	e IS RESIDENCE ON A FARM? YES 7NO
		NAME OF DECEASED (Type or print) G.COTCIA	Middle	RUNKIS 4. DATE OF DEATH JUL	Doy Year 4 15 1958
	5 . S	SEX 7. MARRIED WIDOWED (NEVER MARRIED		Months Doys Hours Min
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	WMET	STRY 11 BIRTHPLACE (State or foreign country) Frederick Jo. 1114	12. CITIZEN OF WHAT COUNTRY
	13.	FATHER'S NAME 13 asil (Punk	iles	14. MOTHER'S MAIDEN NAME [tzer
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOC I. no. or unknown) (If yes, give war or dates of service)	CHAL SECURITY NO. 17. 1	NFORMANT WILL WEG HEADER	ITId-nentew
		IB. CAUSE OF DEATH [Enter only one cause per line for PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE [6]	2 (0). (b) and (c).)	Solertho Heart Me	INTERVAL BETWEEN ONSET AND DEATH 2
		Conditions, if any, which) (b)	Erteren	Saloroses	GEARI
		gave rise to immediate cause (a), stating the under- lying cause last. (c)	Don	ility	5 year
O	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	IN IN PART I(o) 19 WAS AUTOPSY PERFORMED?
		20a, ACCIDENT WAS UNDERLYING TO OBSCRIBE OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part 11 of item IB.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour a. st. While at work	Not while	ACE OF INJURY (Home, form, 20f. (City or town) clory, street, office bldg., etc.)	(County) (Stote)
		21. I certify that I attended the deceased alive on 7/ 5	from 1-11	27 1 2	that I last saw the deceased
		ACTUAL SIGNATURE STORATURE	1	ADDRESS (Street, city or fown, st	nd on the date stated above. OATE SIGNED
1		PHYSICIAN'S DE TO ME	Bird-	SATIDU Spring	777 Å :
	220	BURIAL, CREMATION, 22b. DATE THEREOF 2 REMOVAL (Specify) 7 - 18 - 38	2c. NAME OF CEMETERY O	REMATORY 22d LOCATION (City, lown, or Elmandery Friedle	county) (Stote)
	23.	FUNERAL DIRECTOR'S SIGNATURE. The Walt in ?	ADDRESS .		TRAR'S SIGNATURE
	=		7		

d in by the funeral director, and 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this central has been signed by the attending physician and completely at in by the funeral director page 3 shauld be detached far use and be burial-transit permit. Then please remaye carbon papers. Pour and 2 shauld be filed with the registrar priar to burial, cremation, or remayal, and in any event within 72 hours after death.



VS A15 (4) 15M 10/57

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	n by the funeral director nd 2 should be filled with	
	in by ond 2	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

8206

Reg. Dist. No.

08196

1, PLACE OF DEATH 0. COUNTY	MONTGOMERY	MARYLAND	2. USUAL RESIDENCE O. STATE MA	E (Where decease RYLAND	ed lived If institution b. COUNTY	n Residence befor MONTGOME	e odmission) RY
b. CITY OR TOWN (14 RURAL and give no	outside corporate limits, write grest town! VER SPRING	C IFNGTH OF STAY IN 16	N 7-7	VER SPRI	orole limits, write RU	JRAL and give nea	rest lown]
d. NAME OF HOSPITA OR INSTITUTION	At (If not in hospital, give street 12,611 Bushey		12,611	ss Bushey	Drive		e. IS RESIDENCE ON A FARM? YES NO TO
3. NAME OF DECEASED (Type or print)	First DAVID	Middle (NMI)	SAMSON	4 DATE OF DEATE	J. Mont	h 0ay	Year 195 P
s. sex Male	White wipow	RIED NEVER MARRIED DE	B. DATE OF BIRTH 6/9/85		9 AGE (In years lost birthday) 73 yrs.	Months Doys	Hours Min
10a USDAL OCCUPATION during most of work. Electricia	N (Give kind of work done 10b ng life, even if refired) Ame	KIND OF BUSINESS OR INDUCTION Tube Co.	STRY II BIRTHPLACE (State or foreign Nd	country)	12 CITIZEN O	F WHAT COUNTRY
13. FATHER'S NAME John Sams	on		14. MOTHER'S MAID	_			
15. WAS DECEASED EVER	form and more as about oil consumed 1	SOCIAL SECURITY NO 17 I	NFORMANT s. Mildred	S. 01sc			
PART 1. DEAT Conditions, if an gove rise to in couse (a), storing to lying couse lost.	mediate DUE TO	Fronck		G.	eino	ONS	RYAL BETWEEN ET AND DEATH
PART II. OTH J 200 ACCIDENT AG OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING	ER SIGNIFICANT CONDITIONS UNDERLYING UNDERLYING UCAUSE OF DEATH AEDICAL EXAMINER	CRIBE HOW INJURY OCCURRE	2) Tre	palu	esie	EN IN PART 1(o) 15	PERFORMED? YES NO EL
T 20c. TIME OF INJURY Hour o m	Month, Day, Year 20d. I White	NJURY OCCURRED 20e. PL Not white t of work	ACE OF INJURY (Home, clory, street, office bldg	form, 20f. (Cit	y or lown)	(County)	(State)
21. I certify the olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	JOHN S. ROGER	and that death	occurred at 2.2	2 M. Ho		nd on the dat	w the deceased e stoled above DATE SIGNED
220 BURIAL CREMATION REMOVAL ISPECTAL TRANS. & BUI	1, 226. DATE THEREOF R LAI 7/9/58	22¢ NAME OF CEMETERY OF CEDAR GROVE (R CREMATORY CEMETERY	22d LOCA DOF	TION/IC/V, town, or	MASS.	(State)
23 FUNERAL DIRECTOMS	. / /	ADDRESS SILVER SPRIM		REC'D BY REGIS		TRAR'S SIGNATUR	Ē



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admiss on a. COUNTY Poge **b** COUNTY MARYLAND files. b CITY OR TOWN III outside c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If agris de corparate limits, write RURAL and a ve nearest town) d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH If any 5. SEX AGU to regis 6 COLOR OR RACE MARRIED TO NEVER MARRIED TO WIDOWED 7 DIVORCED T IO CH JUSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY ond (doring most of working life, even if retired) ive Poges 1 form PAG. poges 14 MOTHER'S MAIDEN NAME form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO [If yes, give war or dates of service) No 18 CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If ony, which gave rise to immediate couse DHE TO (o), stating the underlying Exominer couse fast. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCR BE HOW NURY OCCURRED (Enterphotore of enjury in Part I or Fort II of Item 18) Month Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town) 20r TIME OF INJURY factory, street, office bldg., etc.) While Not while at work at work 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . Suicide . Homicide . Undetermined monner opinion death resulted from: Natural causes 📝, Accident 🗍, ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL I ASSISTANT MEDICAL EXAMINER [DEPUTY MEDICAL EXAMINER M NAME (Type)

New York Bay

Bethesda, Md.

ADDRESS

Cem.

ON A FARM YES NO M

ONSET A 40 DEATH

PERFORMED? NO V

DATE SIGNED

New Jersey

246. REGISTRAR S SIGNATURE

IFUNDER TYPAR

(County)

22d LOCAT ON (C tf. town, or county)

Jersey

240. REC'D BY REGISTRAR

DATE

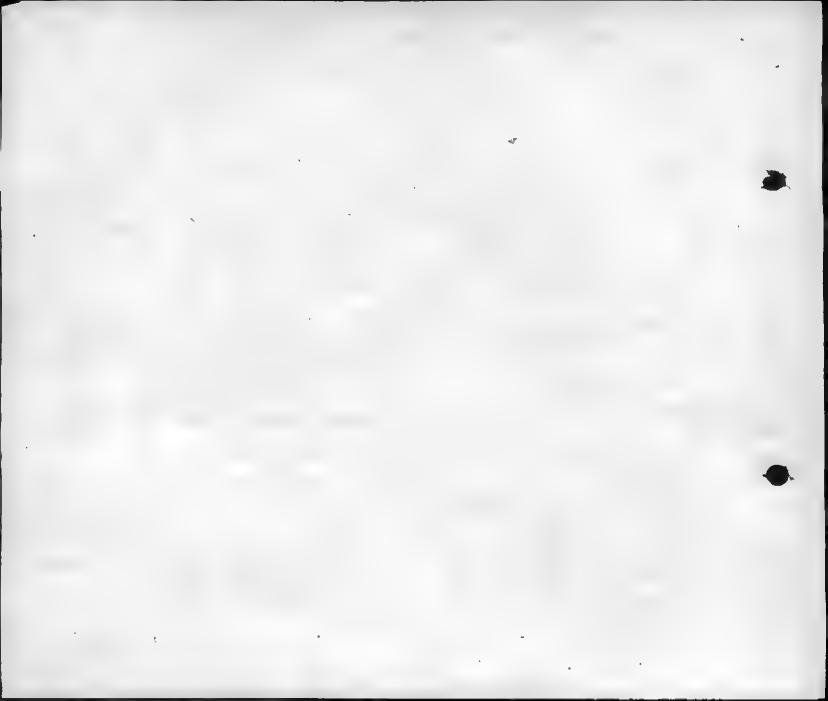
VS. ALSME

220 BURIAL CREMATION, 226 DATE THEREOF

REMOYAL (Spe. 14)

urial-Transit

23 FUNERAL DIRECTOR'S SIGNATURE



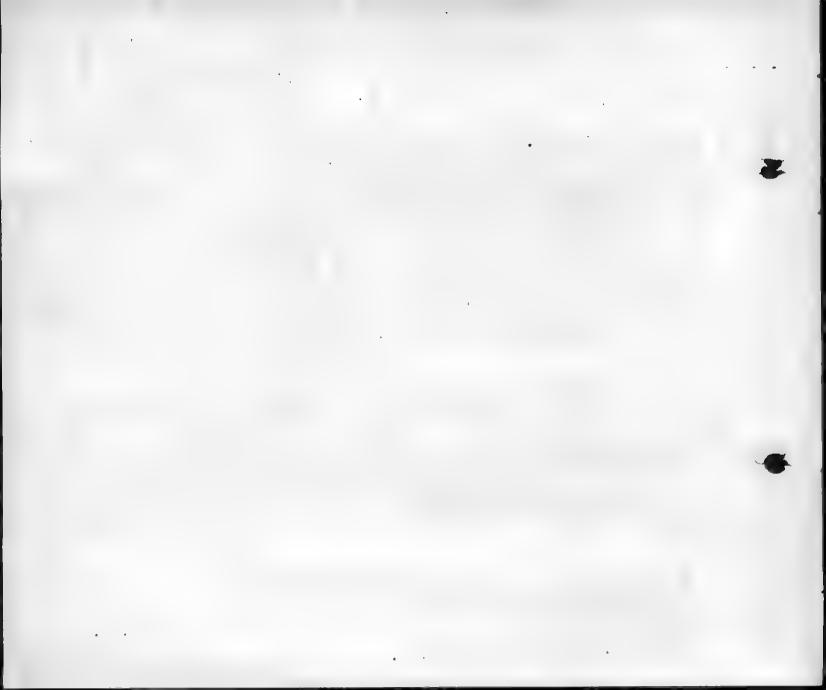
14			MARYLAND	STATE DEPART	MENT OF H	EALTH-BA	LTIMORE,		
FOR STATE		8208	MEDIC	AL EXAMINER	'S CERTIF	ICATE OF	DEATH	Reg. Dist. No	5198
HEALTH DEPT.	1.	PLACE OF DEATH COUNTY MONTS	gomery	MARYLAI	11	Maryland	sed lived If institut b COUNTY		fore admission)
of Hero		SII Ver Spi		B weeks	c CITY OR	TOWN (If pulside coil 3220 Me	porate limits, write dway St.		eorest lown)
s neces of d're ed for y Boord		LeDeau Nur	esing Home	hospital give street address)	d STREET A	LVER Spr	ing		S RES DENCE ON A FARM YES NO X
oelay fune yla'e r death	1	NAME OF DECEASED (Type or print)	Volanti	Aaron Sapi	nir	4 DATE OF DEATH	July	5. 196	Yeor
May b with t	5. :		11 ± 0	RRIED NEVER MARR ED	7-15-1				IF UNDER 24 HRS Hours Man,
2, one 5 one 5 one 5	10e	USUAL OCCUPATION (G.)	e kind of work done 10	6. KIND OF BUSINESS OR IND	_	Russia	country)	12. CITIZĒN O	I F WHAT COUNTRY? SA
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	13.	FATHER'S NAME Chain S	Saphir		Marie	MAIDEN NAME Stein	-		
Give File	15 **	WAS DECEASED EVER IN L	J. S. ARMED FORCES? give was or dates of service)	16 SOCIAL SECURITY NO 12	Nursing	g Home Re	Addren		
si permit		18 CAUSE OF DEATH [EN	ter only one couse per la CAUSED BY: BIATE CAUSE (a)	ne for (a), (b), and (c) } oncho-pneur				INTER ONSE	CALLETWEEN PRAISE PLANS DEATH NES.
th pencil in the second		Conditions, if ony which gave rise to immediate colors to immediate course tast.	ouse (b)	Bronchitis				4	days
sending: sol Exami remation	CERTIFICATION		V (c)	CONTRIBUTING TO DEATH BE	T NOT RELATED TO	THE TERMINALDISEAS	E CONDITION GIVE	` '	9. WAS AUTOPSY PERFORMED? VES NO A
	CERTIFI	200 EXTERNAL CAUSE WA PRIMARY () or CONTRIBUT CAUSE OF DEATH.	ING DESC	RIBE HOW INJURY OCCURRED	(Enter nature of inp	ury in Port I ar Port II	of item 18 }		
or to but	MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	L N	hile Not white work at the work at the work at the work at work at the work at	PLACE OF INJURY (Hoctory street, office I	ome, form, 20f. (City bldg , etc.)	y or lown)	(County)	(Stote)
od to the				e remains described a					
erificare forwards		ACTUAL OF	and Vie	merhout		EDICAL EXAMINER	LJ, Olidesei	m nea manne	DATE SIGNED
ERAL De design			ank (f. Br	oschart		nt medical examine Medical examine <mark>rX</mark>	_ Till .	7 5, 19	58
O Second	Cı	BUR AL CREMATION, 278 REMOVAL (Specify) CINATION	7 - 5 - 5			22d LOCA	TION (City town, or	Vashing	ton D. C
S A15ME 5M 2/57		funeral director's Sign		ADDRESS hington D.C.		246. REC'D BY REGIST	n /	MAR'S SIGNATUR	E
V		10/.2	But	livien		AND 1 30	, Line	Louis	remove production of the control of



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Montgomer y Filed b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ROCKVILLO D Washington. D.C. d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 4000 Mass. Ave. N.W. Apt. 21 JES 🗍 NO 🗀 South Washington St. NAME OF Middle DATE Month Year DECEASED Evelyn T. Schweinhaut 1958 (Type or print) DEATH Jul 6 COLOR OR RACE 7. MARRIED W NEVER MARRIED | B. DATE OF BIRTH SEX FUNDER TYEAR IF UNDER 24 HRS AGE (In years last birthday) Months Days Haurs Female White WIDOWED | DIVORCED | 2/9/ poper Do. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) HOUSEVIIO Washington, D.C. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Thompson Effie Brown 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Same as George O. Schweinhaut 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate cause (a), slating the underlying couse last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIOI 19 WAS AUTOPSY PERFORMED? YES 🔲 NO 🗍 70g. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW WHIRY OCCURRED, (Enter notife of injury in Port or Part II of item 12) or condit PLACE OF INJURY IH THE FORM 204 INJURY OCCUPRED 20c. TIME OF INJURYS Month, (City or town) (State) Hour a. m. 21. I certify that I attended the deceased fram, Delly L. 195 L, that I last saw the deceased and that death occurred at 2.25 M, fram the causes and an the date stated above. alive on ADDRESS (Street, city or lown, state) ACTUAL SIGNATUR 01. PHYSICIAN'S NAME (Type) FUNERA 220. BURIAL, CREMAT ON, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State) REMOVAL (Specify) Rock Creek Cemetery Washington Ó 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 2901 14th St. The S.H. Hines Company



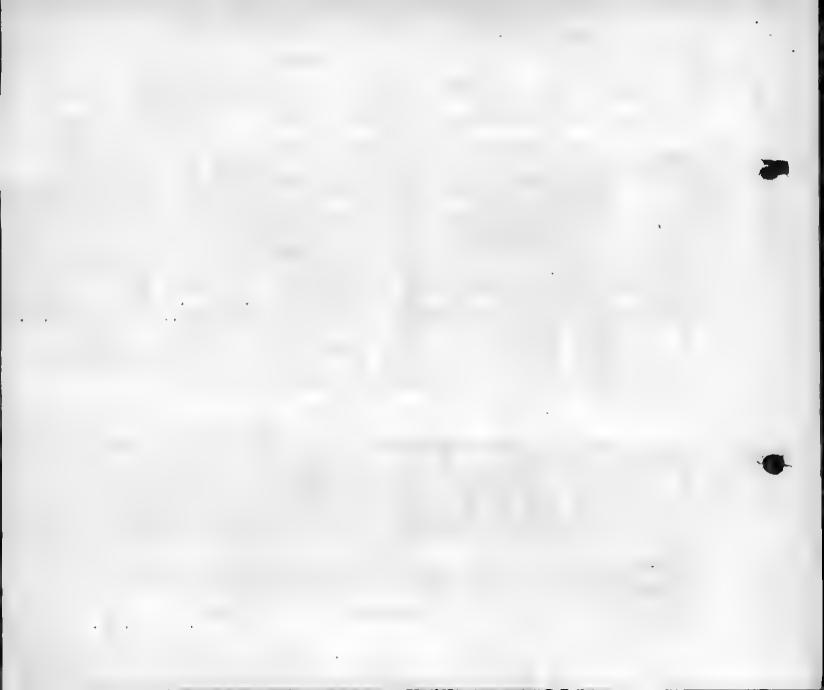
	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
	CERTIFICATE OF DEATH (15201)
~	Reg. Dist. No.
M	1. PLACE OF DEATH O. COUNTY O. COUNTY O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) O. STATE D. COUNTY D
121	Mary Pant Montgomery
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) RURAL and give nearest fawn)
*4	d. NAME OF HOSPITAL (If not in haspitat, give street address) d. STREET ADDRESS / /
£ 1	6024 Birkshire DiAME as Right 16024 LIKShire Pilve VES NOW
	3. NAME OF DECEASED (Type or print) ANNE Maddle State OF DEATH July 21 1958
	5. SEX Fe 1. 7ALE White widowed Divorced Divorc
I	10a. USUAL OCCUPATION (Give xind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CIT.ZEN OF WHAT COUNTRY:
	13. FATHER'S NAME Will AM F. Slip The Mother's Malden NAME The Manager of Street
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 12 MPORMANT WILL SLIGHT Address (194, 100, or unknown) (19 yes, give wor or date of service) APM & Address (194, 100, or unknown)
	18 CAUSE OF DEATH [Enter only one cause per line (gr (a) (b) and (c)]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) FULLE FYRIPMINE SC FEET 127 2 ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
	Conditions if you which)
	gave rise to immediate couse (a), stating the <u>under-land</u>
	, , , , ,
7.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO (1)
	206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Maur a.m. P. m 19 While Not while of work at wark a
	21. I certify that I attended the deceased from Feb. 14 1958, to True 1 1958, that I lost saw the deceased
	alive an Jalla, and that death accurred at A.M. from the causes and on the date stated above.
	ACTUAL SIGNATURE M.D. DATE SIGNED
- 1	PHYSICIAN'S OSCOR B. HUNTER TR.
	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Iown, or county) (Stole)
	Burial 7/21/58 Gate of Heaven Silver Spring Md.
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS
	Robert A. Pumphrey-Bethesda, Md. DATE AU 22 '58 Cleffeduch



08201MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian Reg. Dist. No. should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY O. STATE b. COUNTY Montgomero MARYLAND Gomeru burial, b. CITY OR TOWN III c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d, STREET ADDRESS IS RESIDENCE ON A FARM? 0 YES NO 7 files. 0 1719 3. NAME OF DATE Day Year DECEASED 195 MN (Type or print) DEATH the h retained for S. SEX 6. COLOR OR RACE 17/ MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS Months Days Min. Hours DIVORCED [WHOOWED [7] 12. CITIZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) daying most of working life, even if retired) pup and Elks Club coraid þ Jarlender. 1, 2, may 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME TOM R. SMITH ELIZABETH PRESNELI 8 10 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Mary W. Smith es-B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: remary retless sudse. IMMEDIATE CAUSE (o) 1130.1 **DUE TO** Conditions, if any, which) gove rise to immediate cause plong **DUE TO** (o), stoting the underlying couse last. nding" in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 80 PERFORMED? YES 🔳 NO F 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Hem 18.) 20° TIME OF INJURY Month, Day, Year 26d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Stote) Not while factory, street, office bldg., etc.) While 0.00 at work ot work Medic p. m. 21. I certify that I tack charge of the remains described above, held an Autopsy 🗍, Inspection 📈, Inquiry 📈, and find that cute the certificate, writ farwarded to the Chief PUNERAL DIRECTOR: 1 Accident . Suicide . Homicide . Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] EXAMINER'S 4x51220 DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 22d. LOCATION (City/town, of county) (Stote) REMOVAL (Specify) CEDAR HILL CEMETERY PRINCE GEO. 9 23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o, REC'D BY REGISTRAR 245_REGISTRAR'S SIGNATURE VS. A15ME(5) SILVER SPRING, MD. DATE 5M 9/55

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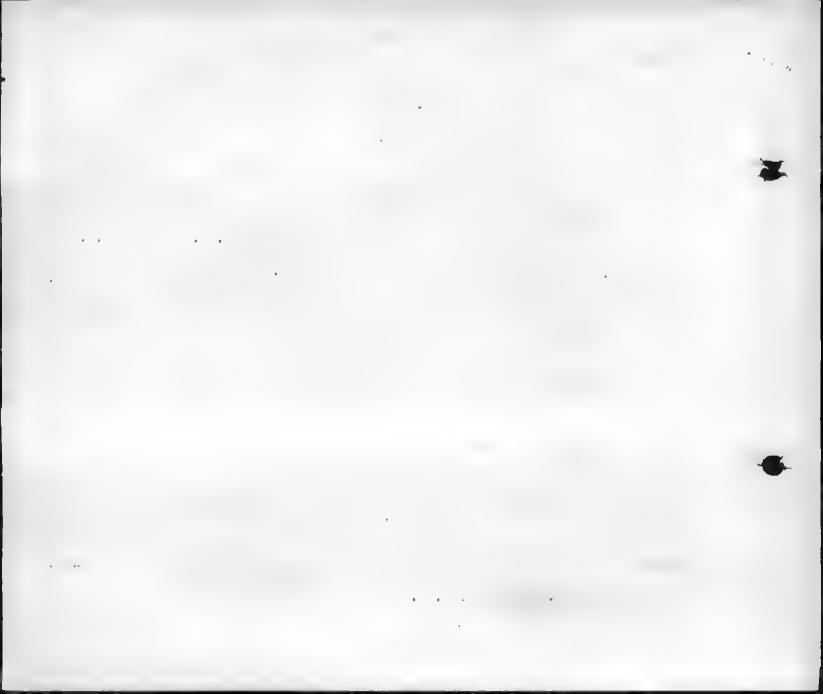
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



08202

_							R	Reg. Dist.	. No.	
1,	PLACE OF DEATH a. COUNTY	Montgomery	MARYLA	ND	o. STATE Maryla		hved. If institution b. COUNTY M	Residence lont go	before odmissio	on]
	Bethesda	(If outside corporate limits, writh nearest town) 3.	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (H ou		ate limits, write RUR.	At and giv	re nearest town)	
	The Cli	hical Center, 1	Bethesda 14, 1	id.	d STREET ADDRESS 5908 I	Annist	on Road		e IS RESII ON A YES	FARM?
3	NAME OF DECEASED (Type or print)	First Gail	(Koss) Tyler	r	Somers	4. DATE OF DEATH	Jul	.у	28,	5 8
	Female	White woo	ARRIED NEVER MARRIED OWED DIVORCED	_ A	pril 20, 192		37 yrs.		YEAR IF UNDER	R 24 HRS Min
10	during most of wo Housewill	ION (Give kind of work done I trking life, even if retired)	None	INDUST	RY 11. BIRTHPLACE (Slole o			12 CITIZI	U.S.A.	COUNTRY?
13	FATHER'S NAME				14. MOTHER'S MAIDEN NA			L.	**	
	Edward I	F. Koss			Mary L.	Smith	1			
15		FR IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17 IN	FORMANT The Med:					
_	No		unknown	The	Clinical Cer	nter,	Bethesda	14, 1	Marylan	ã
		ATH (Enter only one couse per ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e morrhagic	Ba	mcho Pneumo	mia			MEEK-	DEATH
	Conditions, if gave rise to cause (a), stating	ony, which (b) M	assive gast	101	itestinal and	Uun	Cry Truct	ABI C	days	
	lying cause last		come Myelop	165	ic Leuhein	ia		-[Month	15
CATION		THER SIGNIFICANT CONDITION		BUT	OT RELATED TO THE TERMIN			IN PART I	(a) 19. WAS AS PERFOR	WED?
L CERTIF	(IF EITHER, NOTIF	Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED	(Enter nature of injury in Pa	ert I or Part	II of elem 18.)			
MEDICA	20c TIME OF INJU Haur o.m. p.m.	Wh		e. PLAC focto	E OF INJURY (Hame, form, rry, street, affice bldg., etc.)	1			unty)	(Stole)
	21. I certify to alive an Ju.	hat I attended the dece 1y 28,	F ()		1958, ta Ju	ly 28, M, fram	the causes and	hat I las I on the	st saw the d	leceased d above
	ACTUAL SIGNATURE	tithun f.	Teplitzh	<u>5</u> M	The Cl	inical	cet, city or town, stat L Center	te)	7=28	TE SIGNED
	PHYSICIAN'S NAME (Type)	rthur L. Tepli	tzky. M. D.	1	Nation Bethes		stitutes of Maryland		alth	
	BUL AT Specify		22x NAME OF CEMETE Arlington				on (City, town, or coington.		(Sione) Zinia	
	FUNERAL DIRECTOR		ADDRESS		240 REC'D				4	
ŀί	obert A.	Pumphrey H	Bethesda, M	ary	land DATE ,	JUL 3 0	'5 8 L W	of es	with.	

in by the funeral director, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 reding physician reding the attending physician and campletely file has been signed by the attending physician and campletely file burial-transf permit. Then please remove carban papers. Page of removal and in any event within 72 haurs after death. may be retained by the haspital ar atle TO FUNERAL DIRECTOR: After this cert page 3 should be detached for use as the registrar prior to burial, cremation, VS A15 (4) 15M 10/57



VS A15 (4) 15M 10/57

1	
y the funeral director,	2 should be filled with
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n and campletel	popers.
physician and	please remave carban papers.
the attending	Then please re
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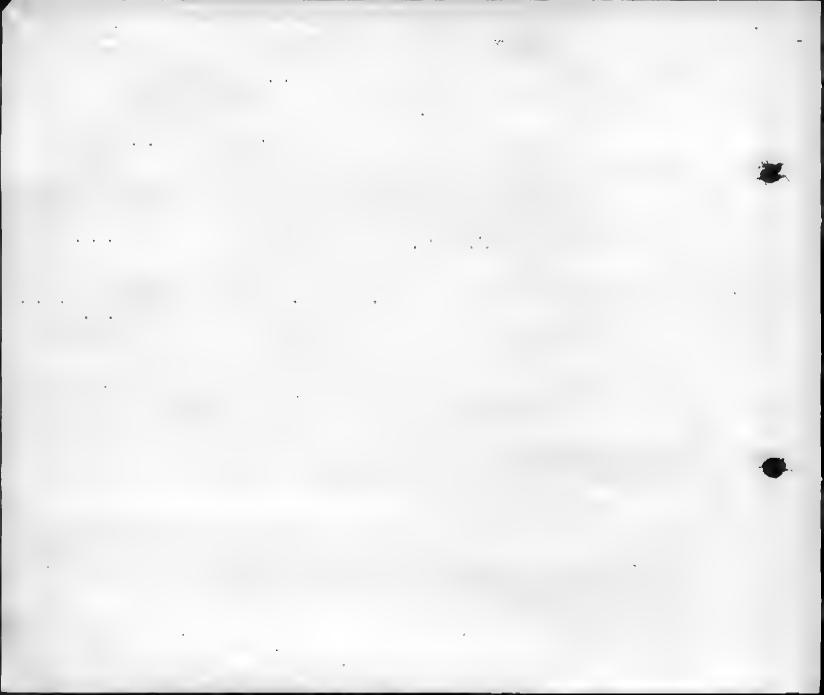
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8092

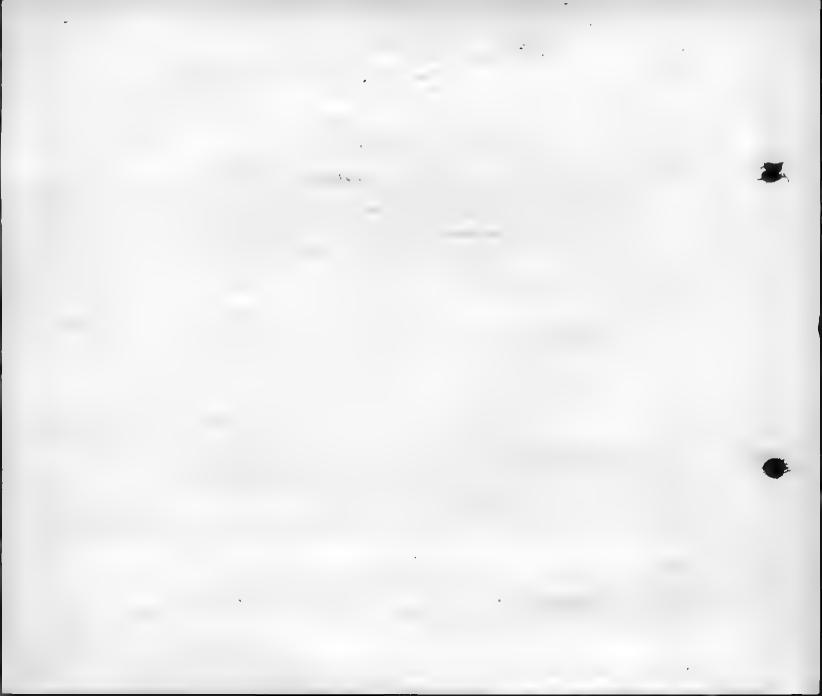
CERTIFICATE OF DEATH

08203 Reg. Dist. No.

1	1. PLACE OF DEATH MONTGOMERY MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o STATE D.C. b. COUNTY
	b. CITY OR TOWN (If autside carporale fimits, write RURAL and give negrest town) TAKOMA PARK 24 hrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 517 Albany Avenue	d STREET ADDRESS 1409 Delafield Place, N.W. e. IS RESIDENCE ON A FARM? YES NO P
	3. NAME OF DECEASED (Type or print) JOSEPhine Clafflin	SPENCE DEATH JULY 100y Year 1950
	Female White WIDOWED DIVORCED	8. DATE OF BIRTH 9 AGE (In years of FUNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min
	100 USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUŞINESS OR INDUS during most of working life, even if relired) Dept of Interior Clerk (retired) U.S. Gov't.	Nebraska U.S.A.
	13. FATHER'S NAME Freemont Manning Claflin	14. MOTHER'S MAIDEN NAME Ida Belle Gould
	15 WAS DECEASED EVER IN U. S. ARMED PORCES? 16 SOCIAL SECURITY NO. 17 IN IT IS NO OF UNANDOWN OF THE PORCE OF SECURITY NO. 17 IN IT IS NOT THE PORCE OF SECU	Warren H. Wagner, 7708 Morningside Dr., N. W. Washington, D. C.
	gove rise to immediate cause (a), stating the under- lying cause lost. DUE 03 Geveral 120	Hemorrhage, Interval Between onte and Death of Femal plases Undefermined of Arterio Scierosis Undefermined NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 19 WAS AUTOPSY PERFORMED?
	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO (Enter nature of injury in Port II or Part II of item 18.)
i	ZOc. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLA Hour o. m. White Not white fact of work of work	CC OF INJURY (Home, form, 20f. (City or lawn) (Caunty) (State) tory, street, office bldg., etc.)
/	21. I certify, that I attended the deceased from Jellovice on 19. 19. 5, and that death signature Signatur	ADDRESS (Street, city or hown, state) DATE SIGNED A.D. 7835 Eastery Hove July 1, 195 SILVEY Spring Mod
		REMATORY PRINCE GEO. COUNTY, MARYLAND
	23. FUNIERAL DIRECTOR'S SIGNATURE ADDRESS LIVER SPRING	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATUM DATE JUL 7 '58 USA REGISTRAR'S SIGNATUM



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

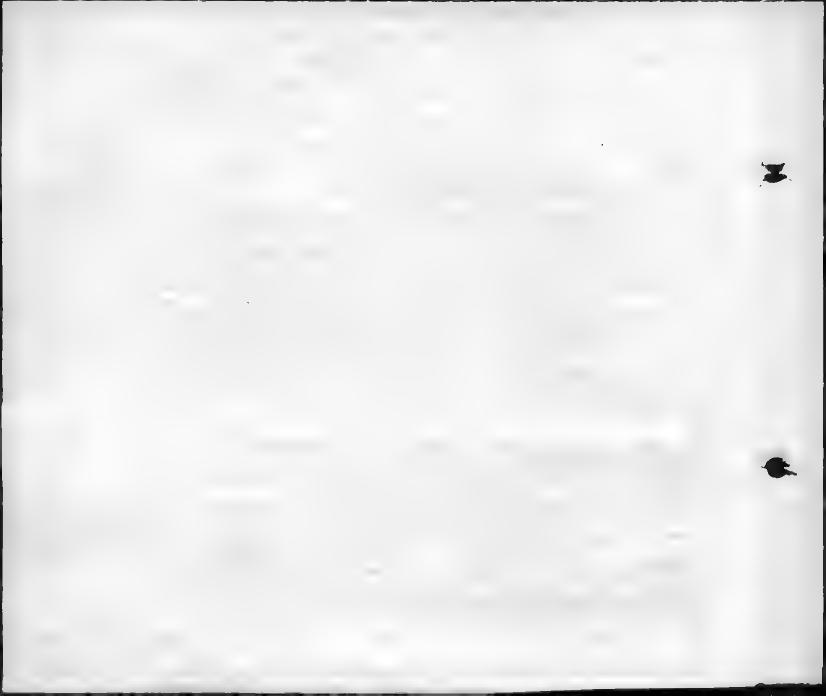


8094 **CERTIFICATE OF DEATH** Rea. Dist. No director, ited with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) o. COUNTY filed o. STATE **b.** COUNTY MARYLAND death. 0 b. CITY OR TOWN (If outside corporate limits, write P. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) placks romo d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO F NAME OF Middle DATE Month DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR AGE (let years lost b finday) MARRIED NEVER MARRIED B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HR Months Doys Min. WIDOWED | DIVORCED [7] Cipis complet popers. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 17 12. CITIZEN OF WHAT COUNTRY? BIRTHBLACE (State or foreign country) during most of working life, even if retired) · SOLDIERS HOME 11514 LUDYKER carbon 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME é WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) KILLAX **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stoling the underlying couse lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPS PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of ilem 18.) 80 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (Stole) Hour o.m. factory, street, office bldg., etc.) While Not while of work of work p. m. 21 | certify_that Lattended the deceased from D. that I last saw the deceased death accurred at 7:50 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, stota) **DATE SIGNED** ACTUAL NAME (Type) 220. BURIAL CREMATION. 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (Cey. REMOVAL (Specify) 0 23 FUNERAL DIRECTOR'S SIGNATURE VS A15 [4] 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



- 1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
Deck		8211 CERTIFICATE OF DEATH Reg. Dist. No.(1) \$21) 6	
		COUNTY Caling County (Scientify MARYLAND) 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) O. STATE	
death d be	_	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
urs ofter by the f d 2 shou		NAME OF PLOSPITAL (If no in hospitol, give street oddress) OR INSTITUTION CAPTER Rd. 1. STREET ADDRESS ON A FARM? YES \(\) NO \(\)	_
in on	1	NAME OF DECEASED STEINER & SECUL DEATH LULY 16 19 5	8
within pletely f	5. 5	EX 6 COLOR OR RACE MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS legt birthdoy) Months Days Hours Min	-
and cample bon papers.		USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Herebucks W. S. A.	177
o ∈ 15.5		Count Steiner Herbule Kinglow	
mertif ng phy 72 ha	15. (Yer	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT OF VINENOUS) (If yes, give wor or dates of service) 6. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address Address	- 21
ottendu n pleas		18 CAUSE OF DEATH [Enter only one couse per line for (c), (b), and (c).] PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH	T ,1
that the by the it. The ty even		Conditions, if ony, which) (b)	,
equires an. signed in an		gove rise to immediate couse (o), storing the under-lying couse lost.	
physicid physicid tas been tal-trans	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)	
Paragraphic Paragr	L CERTIFI	20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of item 18.)	
PHYSIC al ar at this cert r use as emation	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. ss. 19 While Not while of work of wor	
NDING e haspit :: After ched fo urial, cr		21. I certify that Nationaled the deceased from July 14, 1950, to July 16, 1950, that I last saw the decease alive on July 16, 1950, and that death occurred at 10-10 PM, from the causes and an the date stated above	
ined by the DIRECTOR: Id be detor prior to bu		ACTUAL SIGNATURE STATE STORE M.D. ADDRESS (Street, city or town, store) DATE SIGNATURE SIGNATURE DATE SIGNATURE DATE SIGNATURE	P 27
TAL OI RAL DIN should I stror pri		PHYSICIAN'S Joseph N Dodson MJ	=:
O HOSPITAL may be refoil O FUNERAL D page 3 shoul the registrar	B	BURIAL CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City. town, or county) REMOVAL (Specify) 1 - 1 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	
VS A15 (4) 15M 9/35	73	FUNERAL DIRECTOR'S SIGNATURE. ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE 240. REC'B BY REGISTRAR 8 24b. REGISTRAR 8 ADDRESS ADDRESS ADDRESS DATE	
		Track NO C	-

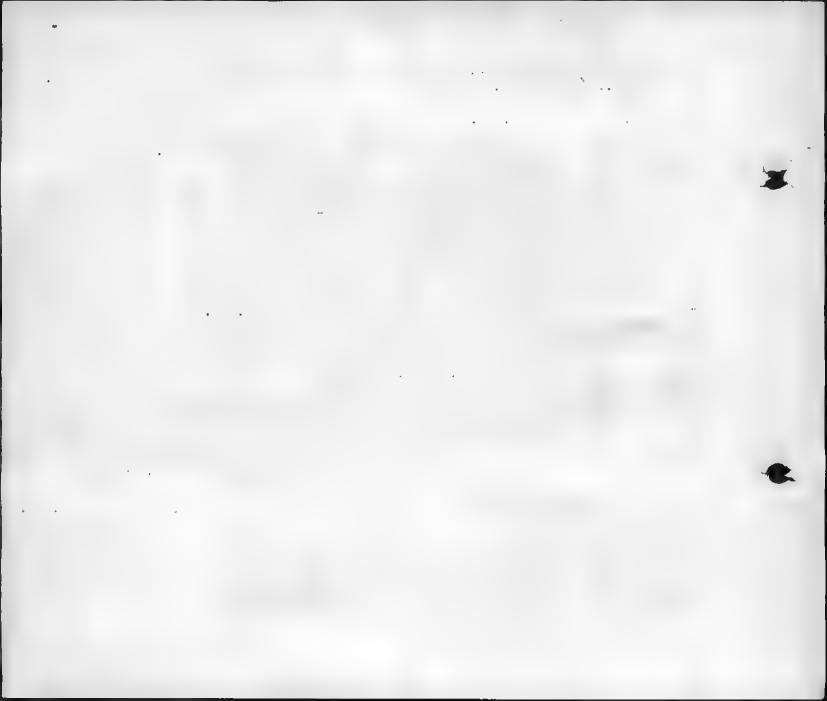


VS ATSME 5M 2757

I

1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 08207
	1. PLACE OF DEATH Chavy Chase Motors, Wisconsin o. COUNTY Ave., Charle Bethesda MARYLAND b CITY OR TOWN (1 cuts de cerporate limits, write RURAL on.	gomery co.
	Bethesda, Montgomery Co, Md. d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Chevy Chase Jd STREET ADDRESS 4824 Park Avenue	ON A FARM? YES NO 🚜
	7725 Wis cons in Av en ne Chevy Chase, Md. 3. NAME OF	7eor .25 19 58 _
	Male White WIDOWED DIVORCED 1 - 4 - 91 67 yrs Months	DOYS HOURS MIN.
	Plumber PLUMBING FIRM VIRGINIA U 13. FATHER'S NAME ALFRED STONE JANET BURROUGHS	[, S. A.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Vol. no. of Unknown! (II you give wor or dates of service) 2/7-0/-747/ Police - Bethesda, Md. 18 CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c)	Tiadlenyss bette ven
	PART I. DEATH WAS CAUSED BY. WMEDIATE CAUSE (6) DUE TO Myocardial infarction	nillyas between onset and death
	Conditions, if ony, which cover is to immediate couse (a), stating the underlying out to couse last. (c) - Arterloseleratic coronary artery disease	hours
ž	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR 200. EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter polyce of injury in Part Lot Part III of them 18.)	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES 12 NO
	20c, TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 120f, (City or fown) (Co-foctory, street, office bidg, etc.)	S arm
	9:45 xx 25 July 1958 of work 10 they Chase Motors Bethesda, Montage 21. I certify that I taok charge of the remains described above, held an Autapsy 22. Inspection 1. Inquition opinion death resulted from: Natural courses 22. Accident 1. Suicide 1. Hamicide 1. Undetermined 1.	ry 🔲, and in ny
	ACTUAL SIGNATURE - Brothant MD CHIEF MEDICAL EXAMINER [] 25 Jul	DATE SIGNED
	NAMINER 1799 Frank J (Broschart, M.D. DEPUTY MEDICAL EXAMINER 220 BURIAL CREMATION, 276 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 278 LOCATION (City, Iown, or county) REMOVAL (SpeIt)	(State)
	BURIAL SULLY 28 1938 TARTLAWN CEMETERY ROCKVILLE M 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 RESISTRAR'S SIGNATURE DATE JUL 28 '58 DATE	ARYLAIVD GNATURES BALLA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



Reg. Dist. No. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Montgomery e. COUNTY **b.** COUNTY MARYLAND Howard b. CITY OR TOWN of autside se parate limits, write FURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) Olnev DOA Highland d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS · IS REPIDENT 6 ON A FARM? Montg. Co. Gen. Hosp. YES INO IN Highland Rd. 3. NAME OF First Middle 4 DATE Year DECEASED Sean Francès Sullivan (Type or print) DEATH ENDER REAL 6 COLOR OR RACE 7. MARRIED NEVER MARRIED THE B. DATE OF BIRTH IF UNDER 24 HRS Months male Hours white WIDOWED T DIVORCED | 0 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during marked working life, even if retired) NONE Maryland IISA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin B. Sullivan Louella Goul 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO Iff yes, give war or dates of service) Father - Highland Rd. Highland 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] CINSET AND DEATH PART I DEATH WAS CAUSED BY: Asphyxia Sudden IMMEDIATE CAUSE (a) **DUE TO** Drowning Conditions, if any, which gave rise to immediate cause **DUF TO** (a), stating the underlying couse last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HASTER, WAS AUTOPSY PERFORMED? NO 🗌 200 EXTERNAL CAUSE WAS FRIMARY = CONTRIBUTING CAUSE OF DEATH. 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of (lem 18) well in tub with 16 in. water in side yard at home. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f, (City or lown) 20c TIME OF INJURY Month, Day, Year (County) (Stole) factory, street, office bldg., etc.) Not while 🔔 White 28/5819 at work at work Highland Howard 21. I certify that I taok charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my opinion death resulted fram: Natural causes 🔀 Accident 🗍 🗀 Suicide , Hamicide , Undetermined manner ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER NAME (Type) Frank J. Broschart DEPUTY MEDICAL EXAMINER 7/28/58 22d LOCATION (City, town, or county)
PRINCE GEO. COUNTY, MD. 220. BURIAL CREMATION 225 DATE THEREOF 22c. HAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 7/30/58 PRINCE CEDAR HILL CEMETERY BURIAL

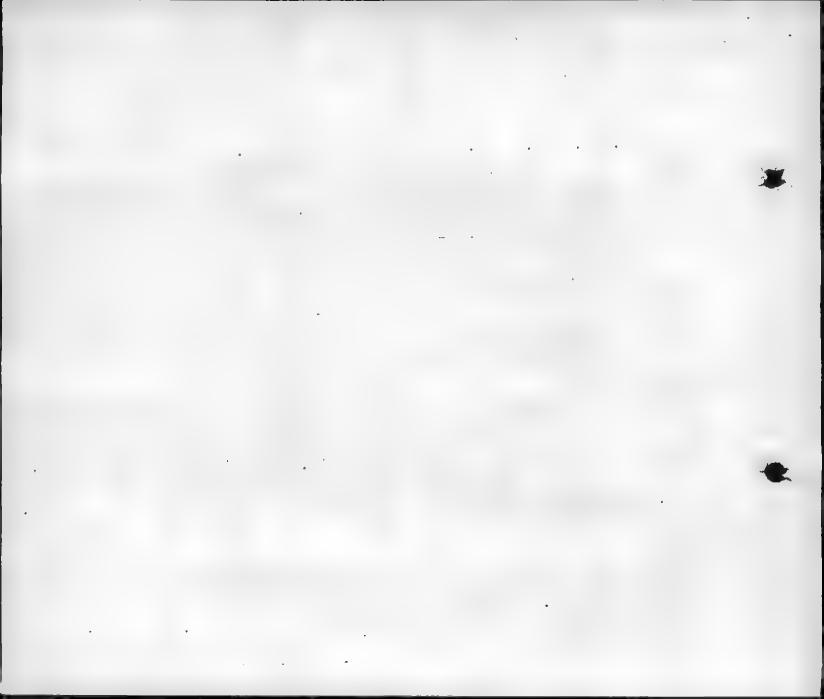
24a REC'D BY REGISTRAR

246. REGISTRAR'S SIGNATURE

ADDRESS

2 ° 2 vs. a15ME 5M 2/57

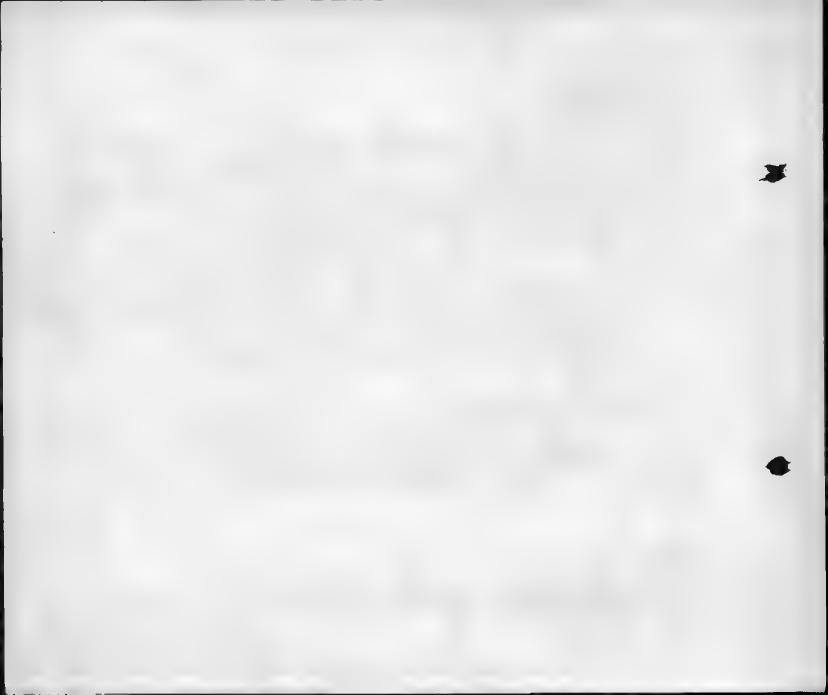
23. FUNERAL D RECTOR'S AGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



41		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
		8215 CERTIFICATE OF DEATH Reg. Dist. No.	8210
W Janes		PLACE OF DEATH O. COUNTY M. N. T. C. ME P. V. MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution) Residence before of STATE b. COUNTY	re odmission)
funeral funeral	1	p. CITY OR TOWN III outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give necessary of the corporate limits and give necessary of the corporate limits.	· 4 Y
n by the		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION. OR INSTITUTION. OR INSTITUTION. OR INSTITUTION.	ON A FARM? YES NO D
in 24		NAME OF DECEASED (1) First Middle State OF BIRTH SEX AGE (In years IF UNDER I YEAR	19 5 8
npletely rers. Po		WIDOWED DIVORCED THN 8, 1900 1031 Months Days	Hours Min
be executed and comple room papers.		during most of working life, even it relired. FATHER'S NAME 14 MOTHER'S MAIDEN NAME	J. L.
hysician nysician nave ca aurs aff		JUHN BUTKENSKI ICTORIA CHMITL WAS DECEASED EVER IN O. S ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address	10 20
ding pl	(4.	19, no. or ynhawn) 119 yes, give wor or deres of service) 57hVAN S. SZWED.	1. 14
the dec		PART 1. DEATH WAS CAUSED BY: Congestive Heart Failure	SET AND DEATH
es that and by the and eve and eve		Conditions, if ony, which gove rise to Immediate (b) arterioselentic Heart Disease a	wknow-
ion. ion. ion. and in and in	7	tying couse lost. (c) Muscular Dystraphy	+ years
The faw g physic has bea vial-tra maval,	FICATION		PERFORMED?
thendin o, or re	E .		
FMTSI Ital ar a This cer or use o rramatio	MEDICAL		
e haspine hasp		21. I certify that I attended the deceased from 7-5, 1958, to 7-16, 1958, that I last so alive an 7-16, 1958, and that death occurred at 7:150M, from the causes and on the da	
ed by 11 RECTO		ACTUAL SIGNATURE Jany Michigan M.D. 2205 Richland St	DATE SIGNED
ERAL D. Should Stror p.	200	PHYSICIAN'S NAME (Type) / Satry J. Kichelet Solver Spring Md.	
o Fundamental Programment of Fundamental Programment of Fundament of F	10	2 REMOVAL (Specify) 7-19-58 It Joseph's Centery E-1/ERSON, 1-	(S101e) /= / / / /
VS A15 (4) 15M 9/SS	1	Augus a Hulah - 74/-11 M. 1 C - Janh. D. C DATE FUL 7 8 58 CHEST SIGNATURE	*

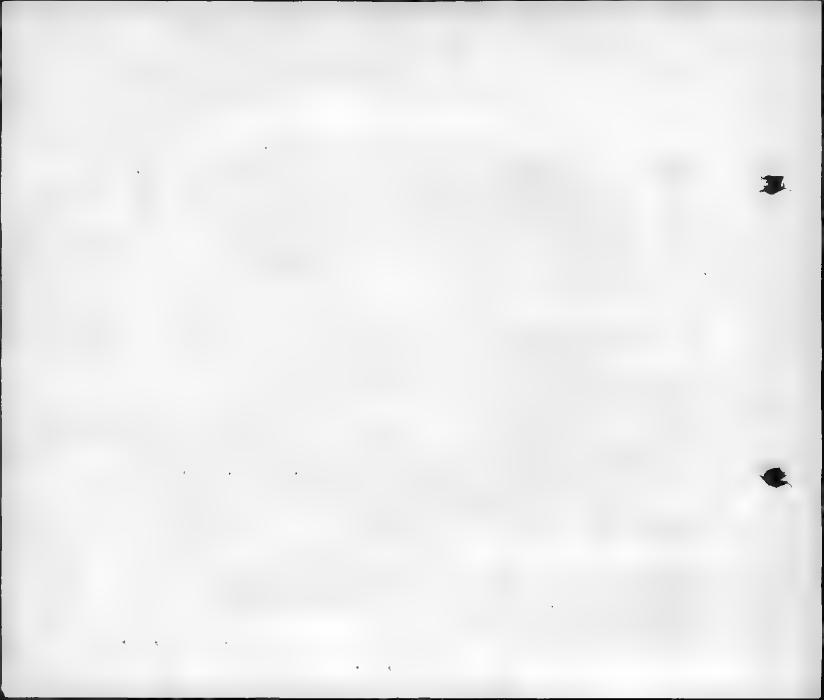


FOR STATE y delay is necessary, please to fine a director. Page than a factor your files. 10 10 DEPUTY MEDICAL EXAMINER: This certificate should the executed within 24 haurs after death. If any execute the certificate, writing the hyld "pending" in pendil in them, 18. Give Pages 1, 2, and 3 to the 4 shauld be farwarded to the Chi. Pedical Examiner's Office along with form PM3. Page 5 may 1 to FUNERAL DIRECTOR: Page 3 show 3 be used as a burial-transit permit. File pages 1 and 2 with 71,3 are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after

VS A15ME 5M 2 57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

() 8211 Reg. Dist. No.

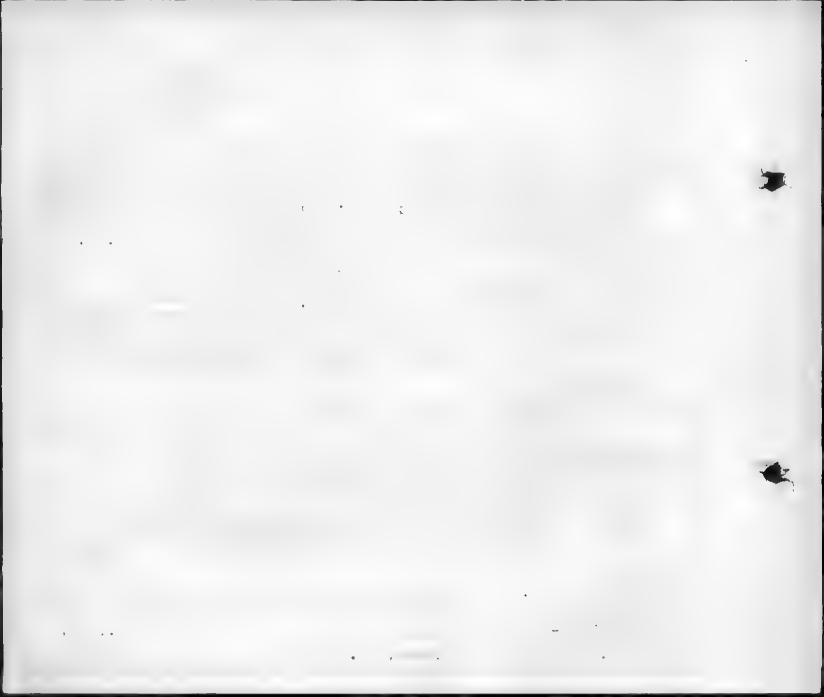
1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)							
Montgomery Maryland	o. STATE Maryland b. COUNTY Montg.							
b. CITY OR TOWN (1 cutiede corporale timits me la RUFAL c. LENGTH OF STAY IN 16 and give necres) foun) Putextant River	c CITY OR TOWN (If outs de corporate limits, write RJRAL and give neorest town) X Spencerville							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS							
Near Spencerville	Baxten Rd.							
3. NAME OF First Middle DECEASED (Type or print) Annio Ida Taylor	Lost 4. DATE Month Doy Year DEATH July 8, 1958							
5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1	B DATE OF BIRTH 9 AGE IN your IFUNDER TYEAR IF UNDER 24 HAS							
female col widowed Divorced	9/23/12 45 Months Days Hours Min.							
10a, USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUST during most of working life, even if retired)	TRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY							
housewife	Maryland USA							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Wm Henry Nerris	Ella Quince							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 8 [You no, or unknown) (il yes, give wor or dates of service)	NFORMANT Address							
	Vim Henry Taylor (husband)							
PART I. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (e), steting the underlying couse lost. Reported mentally DUE TO (c)	depressed							
25	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY PERFORMED? VES NO							
	tries notice of injury in fort Lor fort II of item 18) Itaxtent R. at Baxton Rd.							
Hour o. m. 19 While Not while of work of work	CE OF INJURY (Home, form, 120f. (City or fown) (County) (State) fory, street, office bldg., etc.)							
21. I certify that I taak charge of the remains described abo	ove, held on Autopsy 🔲, Inspection 🖺, Inquiry 🖾, and in my							
opinion death resulted fram: Natural causes [], Accident	opinion death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner							
ACTUAL SIGNATURE FROM & Brownhart								
EXAMINER'S NAME (Type) Frank J Broschart	ASSISTANT MEDICAL EXAMINER 7/8/58							
NAME (Type) Frank JV Broschart 220 BURIAL CREMATION. 22b DATE THEREOF TZC NAME OF CEMETERY OR	The state of the s							
Burial Specify 7/12/58 Round Oak	[5,0,4]							
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRAR S SIGNATURE							
Robert L Jaswaler Rockville, 1								



ed in by the funeral director, and 2 should be filed with	Mi .
FUNERAL DIRECTOR After this content of a family physician. FUNERAL DIRECTOR After this content of the bound of the content of the content of the funeral director, and a should be detached for use of the burial-transit permit. Then please remove carbon papers. Paged, and 2 should be filled with a registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.	I

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

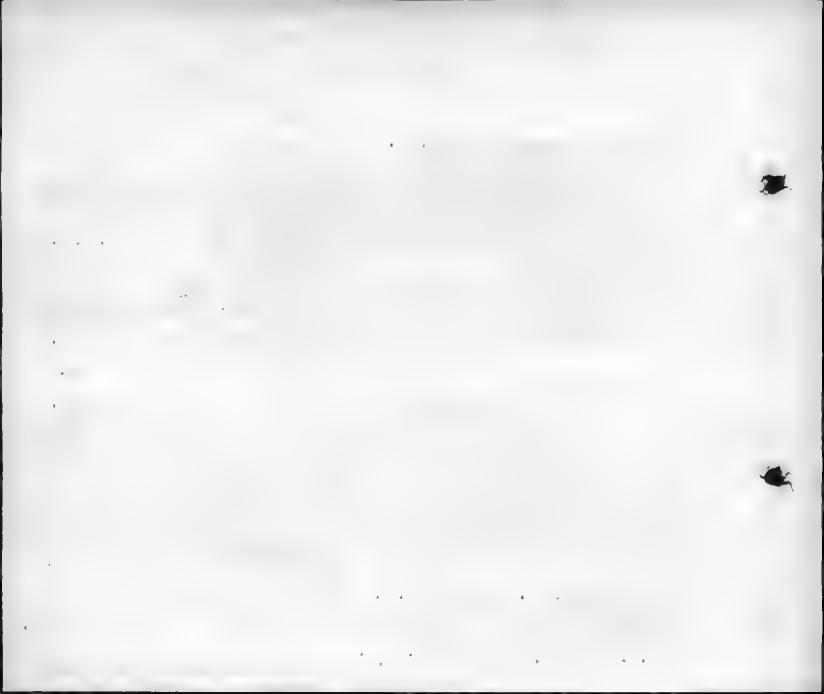
	_	8217	OLIVIII IO	TAYLOR 1. DATE OF BIRTH July 18, 19 8. DATE OF BIRTH Apr. 19, 1868 STRY II BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY New York 14. MOTHER'S MAIDEN NAME Orissa Jane Edwards INFORMANT Son illiam P. Taylor Same as Item # Conservation of the Terminal Disease Condition Given in Part 1(o) 19 WAS AUT PERFORMING. (Enter nature of injury in Port I or Part II of item 18)	No.	
		Acce of DEATH Montgomery	MARYLAND	a. STATE	b. COUNTY	
		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) German town	c. LENGTH OF STAY IN 1b		prparate limits, write RURAL and give	
		d NAME OF HOSPITAL (IF not in hospital, give street of INSTITUTION The Marylander Nurs	ing Home	·	Lane	e. IS RESIDENCE ON A FARM? YES NO 2
		NAME OF DECLA (Type or print)	CHAPMAN CHAPMAN	THANT OD OF		r d
\	5. 9	Female 6. COLOR OR RACE 7 MARR White WIDOWE	IED NEVER MARRIED D		Jost birthday) Months Do	
/	160	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	KIND OF BUSINESS OR INDU		" I	
	13.	FATHER'S NAME Rubin Chapman			Edwards	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT SON	Address Como S.C.	Item #2
		PART 1. DEATH WAS CAUSED BY: DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cotise (a), staling the under: lying couse last.	arcinona relong m	the rectum,	with	Agree 3
0	CERTIFICATION	none	۷٠			PERFORMED?
		206. ACCIDENT WAS UNDERLYING [] 206. DESC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or	Part II of Item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. In Hour o. m. 19 at world at world at world at world and the control of the control	Not while fo	ACE OF INJURY IHome, form, 20f (ctory, street, office bldg, etc.)	City or town) (Coun	(State)
1	,	21. I certify that I attended the decease alive an leafly 18 19. ACTUAL SIGNATURE		occurred at 3.35 MM	am the causes and an the	
		PHYSICIAN'S William A. Lin	nthicum			sall,
		REMOVAL Specifyl 7-19-58	22c. NAME OF CEMETERY O		nce George Co.	(State) , Md e
	23	ENGBERT A. PUMPHREY	Bethesda,	Md . 240. REC'D BY REC		TURE



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F	S. S. may be retained by the hospital or y. Inding physician.	ř		
1	15	A15	[4)
1	SM	11)/5	7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

OMTO				Keg. Disi	. No.			
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland		institution: Residence DUNTY Viontgomen				
b CITY OR TOWN (If outside corporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If a						
RURAL and give nearest lown)	3 K days	X Chevy Chas		•	,			
Bethesda d NAME OF HOSPITAL (If not in hospitol, give street	t oddress)	/ d STREET ADDRESS			e. IS RESIDENCE			
The Clinical Center, Ber		2622 Colst	on Drive		ON A FARM? YES NO TO			
3. NAME OF First	Middle	Lost	4. DATE	Month	Day Yeor			
(Type or print) Rose	Golden	Tipp	OF DEATH	July	17. 19 58			
S. SEX 6 COLOR OR RACE 7 MA	RRIED A NEVER MARRIED	L DATE OF BIRTH	9 AGE (n		YEAR IF UNDER 24 HRS			
Female White WIDON	WED DIVORCED	November 25,	1915 42	hdoy) Months I	Pays Hours Min			
100 USUAL OCCUPATION (Give kind of work done 101 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (Slote	or foreign country)	12 CITI	EN OF WHAT COUNTRY?			
Secretary	<u>Unascertainable</u>	New Yor			U. S. A.			
13 FATHER'S NAME	•	14. MOTHER'S MAIDEN N	IAME					
/ Harry Samuels		Cecil E						
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 11	S SOCIAL SECURITY NO 17 IN	FORMANT The Me	dical Reco	Address				
No Ui	nascertainable l	he Clinical	Center, Be	thesda 14	. Maryla nd			
18. CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c)]				INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: Central Nervous System Depression								
//O X DUE TO CENTRAL Nervous System Depression 4 min.								
Metastatic Carrinoma to brain								
gove rise to immediate	130000000000000000000000000000000000000	OTTORING OF DI	CHASS		1 mo.			
cause (a), stating the under-								
			INIAL DISEASE CONDITIO	The Chief in 6 LD	L. VPS			
AT CONTRACTOR OF THE CONTRACTO	CONTRIBUTING TO DESTA SUIT	NOT KEDATED TO THE TERMI	MACDISEASE CONDITIO	JN GIVEN IN TAKE	PERFORMED? YES NO			
200 ACCIDENT WAS UNDERLYING 206 DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	(Enter noture of injury in I	Port I or Part II of Item	18.]				
		CE OF INJURY (Home, form ory, street, office bldg., etc.	20f (City or town)	(Co	ounty) (State)			
Hour o.m. While the windows of the windows with the window with the windows with the window windows with the windows with the windows with the window windows w	e Not while ract		1					
21 1 certify that I attended the decea	used from July 1)	1 19 58 10	July 17	o 58 that 1 l	ost saw the deceased			
alive on July 17	4.4	accurred at 6:10						
Unive on State of the State of	O and tool geath		.≛.M., Trom the cal ADDRESS (Street, city o		e date stated above. DATE SIGNED			
ACTUAL V	XI_1/1. 0		rical Cente		7-18-58			
SIGNATURE (LOCATE)	400 a punt H							
PHYSICIAN'S Theodore L. Go	podfriend, M. D.		Institute		cn			
220 BUR AL, CREMATION, 22b DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (City.		(Stote)			
Cremation 7/19/1958		n Cremator			County Md.			
The S.H. Hines Co. Was	l 11 th St. N. Sh ington, D.C.	W . 24a. REC'		REGISTRATE'S SIGN				



CERTIFICATE OF DEATH director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY **b.** COUNTY MARYLAND Montgomery nerol CITY OR TOWN (if subside corporate Minits, write RURAL and give neoral) lowny be c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give naprest town) the fune YMIN. d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUT ON 24-51 Sanstarium NAME OF DATE DECEASED OF DEATH (Type or print) 41 5 SEX 6 COLOR OR RACE 9 AGE (In years lost birthdoy) 7. MARRIED NEVER MARRIED Female DIVORCED [ure WIDOWED IN YES 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) during most of working life, even if retired) Own home ENGLAND ADUSEWIRE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ø 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. mad 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY Pulmonary Edema and Shock IMMEDIATE CAUSE (o) DUE TO Thrombosis, recent Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (o), stating the under-Atherosclerosis, generalized lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 200 ACC DENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20c TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY [Home, form, 20f. (City or town) 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m. While Not while of work O ol work p. m. nex 19. 1 that I last saw the deceased 21. I certify that I attended the deceased from ... and that death accurred at H 2 P.M. Gram the causes and an the date stated above. alive on... ADDRESS (Street, city or town, stote) ACTUAL 918 University Blvd. Silver Spring, Md. PHYSICIAN'S Eino Magi. M. D NAME (Type) FUNER 220. BURIAL, CREMATION, 226 DATE THEREOF 22d LOCATION (City, town, or county) 22¢ NAME OF CEMETERY OR CREMATORY BURTAL (Specify) 7/9/58 COLESVILLE CEMETERY MONTGOMERY COUNTY, MD. 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR SILVER SPRING, MD. VS A15 (4) DATE MIL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

15M 10/57

IS RESIDENCE

ON A FARM?

YES NO X

Year

1058

MONTGamer4

IF UNDER I YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO

Lesur

(Stote)

DATE SIGNED

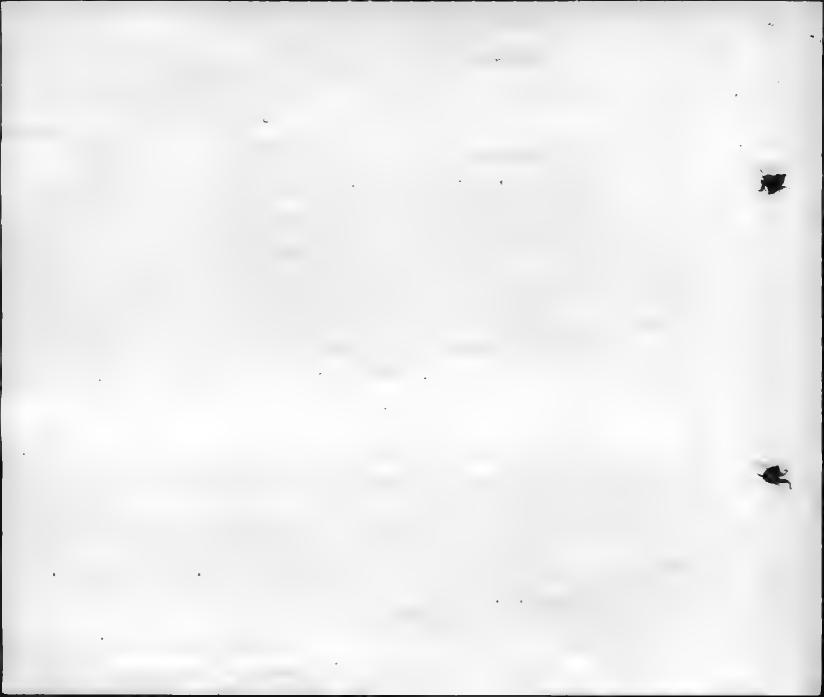
(Stote)

Days

(County)

Reg. Dist. No.

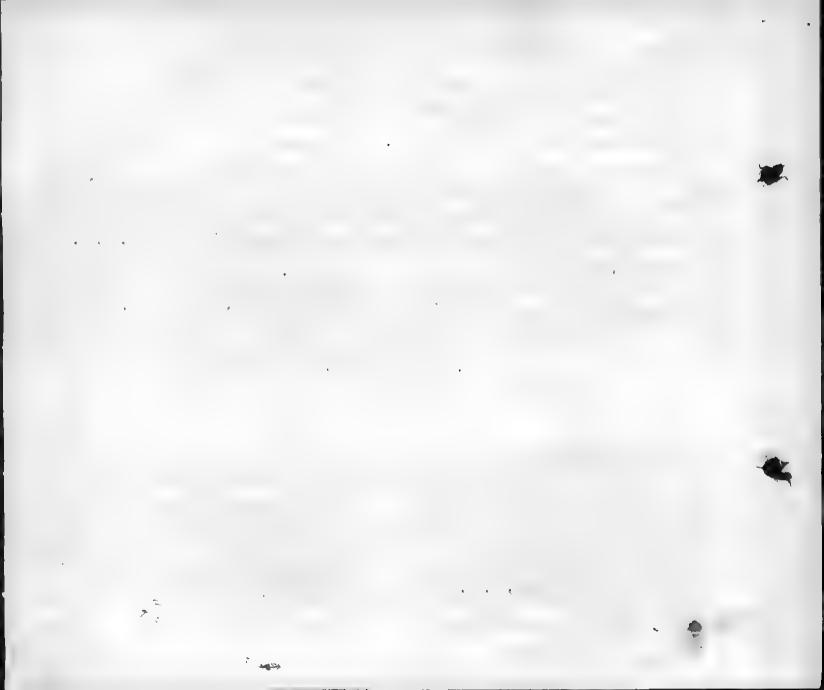
Months



1			MARYLA	AND STATE DEPARTA	MENT OF HEALTH	-BALTIMORE, 18	0.004.5
>			8219	CERTIFIC	ATE OF DEATH	Reg.	(18215 Dist. No.
Filed &		0	ACE OF DEATH COUNTY MonTgomer	MARYLAND	O STATE OF	e deceased lived If institution Res of B COUNTY	ence before odmission)
M) & g	*	b	CITY OR TOWN (If outside corporale limits, RURAL and give nearest form)	ferite c. LENGTH OF STAY IN 16		side corporate limits, write RURAL on	
Pag C	/		NAME OF HOSPITAL (If not in hospital, give	1/2 day	d. Doe mT	on 'a	e IS RESIDENCE
d 2 sh	7		ORINSTITUTION LOS HOS	piTal		one	ON A FARM? YES NO D
S M		- 0	AME OF First CEASED Flore or print)	nce Virginia	Tuler	4. DATE Month OF DEATH July	Day Year 12 1958
		S. S		MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH	9 AGE (In yedrs IF UND lost b rihdoy) Month:	ER 1 YEAR IF UNDER 24 HRS
poper death.	1	Oa.	USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	ne 10b KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stole of	. /	AMERICA VI
ng d	1	13, 1	ATHER'S NAME		14. MOTHER'S MAIDEN NA	IME .	
	114		unknow	n	unk	nown	
To house cor			VAS DECEASED EVER IN U. S. ARMED FORCE		INFORMANT Vincent J. P.	okorney O	denton, Mary
thin 72			B. CAUSE OF DEATH [Enter only one cous		4		INTERVAL BETWEEN
			PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Intracerebr	al edema		12 62
The even			430.0 DUE TO				
any			Conditions, if ony, which gove rise to immediate (b)_	Cercbral c	uno Xia		12 hr
and in			couse (o), stoting the under-	Cardiac a	rrest		13 hr
vaí, c	^	CATION	PART II OTHER SIGNIFICANT CONDI		1001 16	AL DISEASE CONDITION GIVEN IN P	ART 1(0) 19 WAS ALTOPSY PERFORMED? YES TO NO TO
or remo	- 1	4		OB DESCRIBE HOW INJURY OCCUR	and the second s	or I or Port II of Jem 18.)	
ematian,		MEDICAL	Oc. TIME OF INJURY Month, Doy, Year Hour o. m. p. m 19	20d INJURY OCCURRED 20e. I While Not while of work Ol work	PLACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f (City or town)	(County) (Stole)
p			21. I certify that I attended the a	leceased from 1-10	-(8, 19, 10_Z	12:5%, 19that	I last saw the decease
buria			alive an $\frac{7}{2}$, 19 and that deat	h accurred at 459 /7	M, fram the causes and or DDRESS (Street, city or town, state)	
2 d d d d d d d d d d d d d d d d d d d	ا		ACTUAL SIGNATURE SIGNATURE	toblen	MO/1300CR2	gia Unida	luce for ing
strar p	4		PHYSICIAN'S MAME (Type)				den
page 3		7 20	BLRIAL, CREMATION, 226 DATE THEREOF REMOVAL (Specify) 7 / 15,	258 Glen Have-	OR CREMATORY	BLE BETTE	(Store)
(4)		23	DIRECTOR'S SIGNAME	Flen Tompy	111010	BY REGISTRAR 745 REGISTRAR'S	SIGNATURE
/57	F	_	Kngeffins Le	new Norn	DATE		Aug.
			. /				and the second s



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1		MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18	0.0
· ·		SAGE CERTIFIC	CATE OF DEATH Reg. Dist	NS217
director (M	1. 6	LUCATACMENT MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Residence of STATE) 6. COUNTY Montes	before odmission)
La Parecol			c. CITY OR TOWN (If outside corporate limits, write RURAL and go	re nearest town)
d 2 short		NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Authorized Augustanian & Hospital	d street ADDRESS / 2102 Gedar Avenue	e. IS RESIDENCE ON A FARM? YES NO N
a in b		AME OF First Middle	Lost 4. DATE Month	Day Year
Po g	5 9	6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In years IF UNDER I fost birthdoy) Months D	YEAR IF UNDER 24 HRS
comple papers. oth.	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if refired)	OUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
orban ifter de	13	ATHER'S NAME	14. MOTHER'S MAIDEN NAME	.3./4.
physicic mave c hours a		John William Vere VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
eose re			Mother's record	INTERVAL BETWEEN
a de la		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	a veonatorum	ONSET AND DEATH
ed by		Conditions, if any, which gave rise to immediate During	i ty	
cion. misil pe and in	z	lying cause last. (c)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	NAT AUTOROV
physical physical properties of the properties of the physical phy	FICATION			PERFORMED? YES NO
A or re bu	AL CERTIFI	OR CONTRIBUTING AUSE OF DEATH	RED (Enter nature of injury in Part I or Part II of item 18.)	
his co	MEDICAL	Hour a. m. 19 20d. INJURY OCCURRED 20e. While of work at work	PLACE OF INJURY (Home, form, 20f. (City or town) (Co factory, street, affice bldg, etc.)	unity) (State)
After After thed fo and, or			2— , 1958 , to <u>7—3—</u> , 19 <u>58 , that I lo</u> th accurred at <u>72352 M</u> , fram the causes and on the	
E detoc		ACTUAL SIGNATURE / Sanston & Coshram	ADDRESS (Street, city or town, state) M.D. Silver Spring, Md.	DATE SIGNED
retained		PHYSICIAN'S Winston E. Cochran, M. D.		en fen fen en ek var de
may be r	l	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY		(State)
Ê Q		UNERAL DIRECTOR'S SIGNATURE ADDRESS	Sanitarium & Hosp. Takoma Park, Md 240. REC'D BY REGISTRAR 246. PEGISTRARS SIGN 1 10 10 10 11 11 11 11 11 11 11 11 11 11	Z-
5M 10/57	1/2	Washington Sanitar	10M & HOSPAIR DUE CONTINUE	



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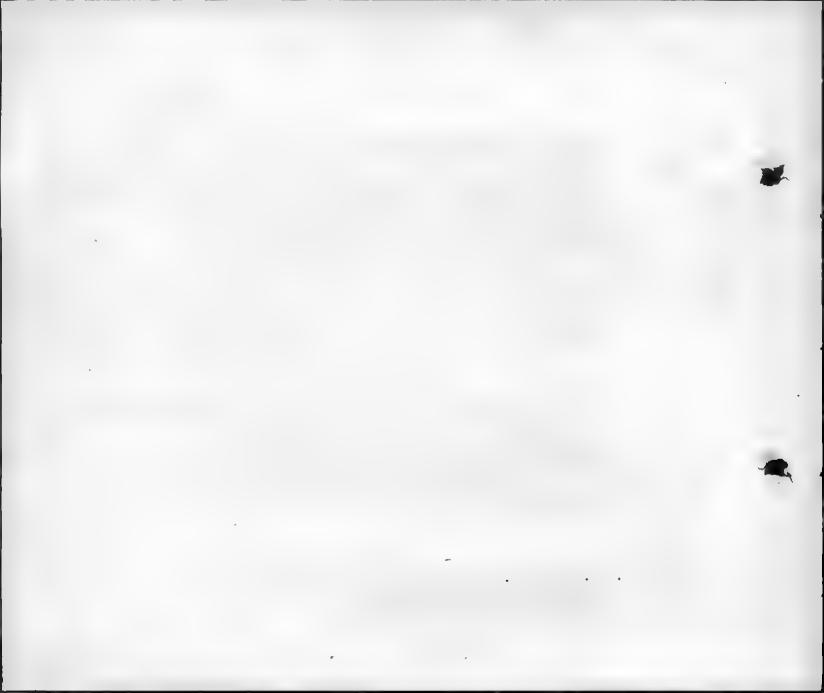
8221 **CERTIFICATE OF DEATH**

Barrio Maria Ata

									Kañ' Di	31, 170.
	PLACE OF DEATH O COUNTY MO	ntgomery		MARYLA	- 11	USUAL RESIDENCE • STATE Marylane		b. COUN	tution Resident	nce before admission)
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Olney			c. LENGTH OF STAY IN 20 minute	ll l	c. CITY OF TOWN				
	OR INSTITUTION	d. NAME OF HOSPITAL (If not in hospital give street or institution Montgomery County General		1		d STREET ADDRESS e 15 RI				e 15 RESIDENCE ON A FARM? YES DENO
	3. NAME OF DECEASED (Type or print)	Micha		Middle Ray		Ward	4. DATE OF DEAT	⊩ Ji	Month 21y	12 19 58
	5 SEX Male	6. COLOR OR RACE	7 MARR	HED NEVER MARRIED		ate of Birth		9. AGE (In year lost birthday		Days Hours Min.
	10a. USUAL OCCUPATE during most of wor Ch	ON (G ve kind of work king life, even if retired ild	done 10b.	KIND OF BUSINESS OR II	NDUSTRY	Marylai		country)		IZEN OF WHAT COUNTRY
	13. FATHER'S NAME				1	4. MOTHER'S MAIDE	N NAME			
		aude Eugene			17, INFO		Sudda		Address	
F	(Yes. no. or unknown) O NO	(If yes, give war ar dates of s	ervice)		Fam	ily				
7	PART I DE/ 7 8 0 / Conditions, if or gove rise to it couse (o), storing lying couse lost.	Conditions, if any, which gove rise to immediate couse (o), stating the under-								TO ONLE
3) Y			ONTRIBUTING TO DEATH				ASE CONDITION		TI(0) IP WAS AUTOPSY PERFORMED? YES NO
	U [IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	AND. DESC	CRIBE HOW INJURY OCCL	JRRED. (E	nter noture of injury	in Port I or P	ort II of item 18.)		
	20c TIME OF INJUING Hour a.m.	Y Month, Doy, Yes	20d It While of worl	Not while		OF INJURY (Home, f , street, office bldg.,		ily or town)	(0	County) (State)
	ACTUAL SIGNATURE	H . Ligon	12. M I	ond that de	M D	ting, Mary	ADDRESS	on the couse:	s and on t	last sow the deceosed he date stated obove DATE SIGNED
	220. BURIAL, CREMATIC	July I4		Salem		ematory lodist		ATION (City, tow	Grove	(Stote) Md.
	27 TUNERAL DIRECTOR	Sarbe	2	Laytonevil	le,		EC'D BY REGI		GISTRAR'S SIG	SNATURE

IO HOSPITAL OR ATTENDINE ENYSICIAN. Tile law requires that the Inath certificate be executed within 24 hours after death. Page 4 d in by the funeral director, may be retained by the haspital araby-ging physic.on.

TO FUNERAL DIRECTOR: After this cart are has been signed by the attending physicion and campletely page 3 should be detached for use only be bright-transit permit. Then please remove carbon papers are registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57



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ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
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9	822	2 CERTIFICA	ATE OF DEATH	Reg.	Dist. N. 8219
	PLACE OF DEATH D. COUNTY		2. USUAL RESIDENCE (Wh	ere deceased lived. If institution Resid	lence before admission)
١	MONTGOMERU	MARYLAND	MAPIL	ANd b. COUNTY M.	CNITO WHPII
		C LENGTH OF STAY IN 16	c CITY OR TOWN (IF o	utside corporate limits, write RURAL on	d give nearest town)
	RURAL and give nearest towiff	12 days	-1 RACK	110 15 11] '
\vdash	d NAME OF HOSPITAL (If not in hospital, give street or		d STREET ADDRESS	1116 10,19	e. IS RESIDENCE
	OR INSTITUTION SUBURBAN	1	5816W10	OM. CO St.	ON A FARM? YES NO S
3	NAME OF First	Middle	Lost	4. DATE Month	Day Year
	OECEASED (Type or print) KAtheri	ve M /VI	ARFIELD	DEATH JULY	25- 1958
5.	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH		ER TYEAR IF UNDER 24 HRS
Į,	ENALE White WIDOWED		11-17-9	5 62 m. 8	8
10c	USUAL OCCUPATION (Give kind of work done 10b. Kilduring most of working life, even if retired)	IND OF BUSINESS OR INDU:	STRY 1) BIRTHPLACE (State	or foreign country) 12 (I' LEN OF WHAT COUNTRY
_	+ome water		MARI	11-ANCI-	US.A.
13	FATHER'S NAME		14 MOTHER'S MAIDENA	AME	
L	JCHNE HARD	ING	annie	King	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SC	OCIAL SECURITY NO. 17. 1	NFORMANT "	Address	
	**	known W	illiam E. W	arfield-Husband	same as 2
	18. CAUSE OF DEATH [Enter only one couse per line	for (o), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	1 1	+ C.1	2	ONSET AND DEATH
	1	restive n	Earl Jayour	- cret-	aohra
	DUE TO	1	1 h. 1 ~		
	Conditions, if any, which (b) 2 Co	te myoca	del insufe	· · · · · · · · · · · · · · · · · · ·	20hrs.
	couse (a), stating the under-	n			
_	lying cause tost. (c) 4	npuo sateco	622		UNK
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN P	PERFORMED?
FIC	200 ACCIDENT WAS INDESIVED TO 200 DESCRI	IBE HOW INJUST OFFICE	N /F-4		YES NO
	200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRE	(thier noture of injury in P	orf I or Part II or Hem 15)	
CAE		URY OCCURRED 20e PL	ACE OF INJURY I Home, form,	20f (City or Iown)	(County) (State)
MEDICAL	Hour a.m. While p. m. 19 gl work	Not while fac	tory, street, office bldg., etc.		
~	21. I certify that I attended the deceased		1950 to 2	5 July 1954, 1hat	Last saw the decorated
	alive on 25 April 195	and that death	accurred at 12 Ma	M, from the causes and on	the determine direction
		and mar deam		LOORESS (Street, city or fown, stote)	DATE SIGNED
	ACTUAL A A		1		/) Clark o
	SIGNATURE / LUMB / Lugar		M.D. 126570	oovier four K	
	PHYSICIAN'S John M. Wymar	1	Barker	Le 14, md.	
220	BURIAL, CREMATION, 226 DATE THEREOF REMOVAL (Specify)	22c NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or county) (Stole)
	Burial 7/28/58	Parklaum		Rockville	Md.
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a REC'D	BY REGISTRAR 246 ATG.STRAP'S	

ROCKVILLE Md.

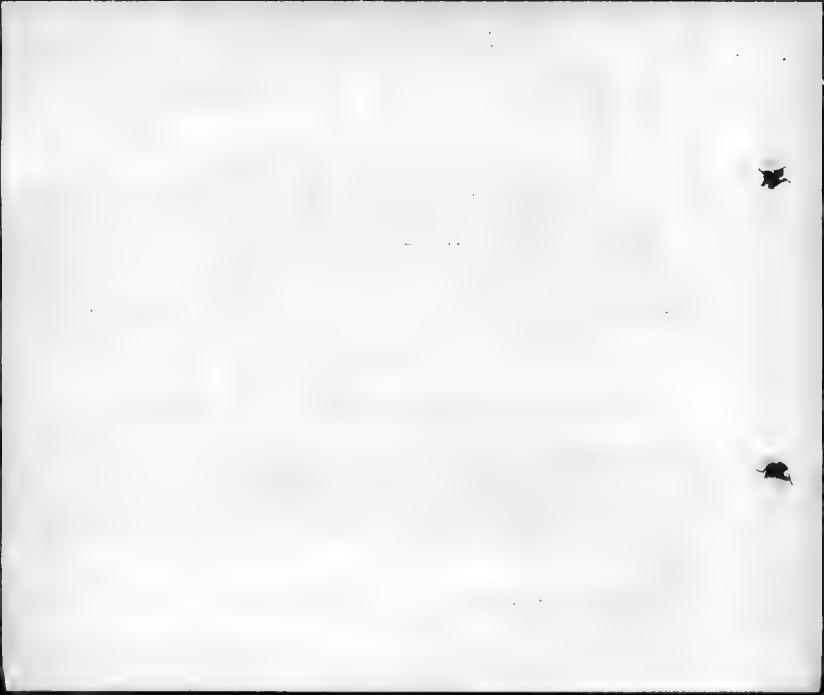
240 REC'D BY REGISTRAR 246 REGISTRAP'S SIGNATURE!

DATE JUL 2 8 '58 CHUT LOUCH

Bethesda, Maryland

A. Pumphrey

Robert



FOR STATE HEALTH DEPT.

M

ay is necessary, please ineral director. Page sined for your files. ate Board of Health, ther death. If any of 1, 2, and 3 ta the Page 5 may the stand 2 with the thin 72 hours after

Id be executed within 24 hours of	execute the certificate, writing the pending in pending in pending its them, 18. Give Pages	er's Office along with form PM3.	TO FUNERAL DIRECTOR: Page 3 shand be used as a burial-transit permit. File pages	ar its designated agent, priar to buriof, cremation, ar remoral, and in any event with
MINER: It be certificate show	fing th, and a "pending"	the Ch edical Examin	age 3 shard be used as a	sriar ta boriat, crematian,
TO DEPUTY MEDICAL EXAM	execute the certificate, wri	4 should be farwarded to	TO FUNERAL DIRECTOR: Po	ar its designated agent, p
VS 5	А м :	15/ 2 ′S	HE 7	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **8103** MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08220

			Keg, Dist, No.				
J. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution					
Montgomery	MARYLAND	o STATE Maryland b COUNTY	Montg				
b CITY OR TOWN (If outside corporate limits, wir te RURAL and give negrest tawn)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RU)	RAL and give nearest town)				
Rockville	8 yrs	Rockville					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit		. d STREET ADDRESS	OF 1 ON A FARM?				
124 Johnson Dr. (lincoln Pa	rk)	124 Johnson Dr. (lincoln 1	YES NO P				
3. NAME OF DECEASED (Type or print) Theodore RooseV	widdle rolt Washingt	OR 4. DATE Month OF 7/15/5	Day Yeor				
5. SEX 6. COLOR OR RACE 7 MARRIED WIDOWED	NEVER MARRIED 8		UNDER TYEAR IF UNDER 24 HRS onths Days Hours Min.				
10g USUAL OCCUPATION (Give kind of work done 10b KIN	ND OF BUSINESS OR INDUST	RY 11 B RTHPLACE (Slote or foreign country)	12. C TIZEN OF WHAT COUNTRY?				
laborer		Maryland	USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
Peter Washington		Laura Holley					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [You no, or unknown]		FORMANT Address Alice Washington. Lincoln F	Park., Rookville,				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying course last.	cehelism	Heart Failure	round dead				
ZZ ZZ		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART I(a) IP, WAS AUTOPSY PERFORMED? YES NO				
	HOW INJURY OCCURRED (E	nter nature of injury in Port I or Fait (Lof item 18.)					
7 20c. TIME OF INJURY Month, Day, Year 20d IN White of work	Not while Focto	E OF INJURY (Home, form, 20f. (City or town) rry, street, office bldg., etc.)	(County) (Store)				
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, opinion death resulted from. Natural causes Accident, Suicide, Hamicide, Undetermined manner							
SIGNATURE TRUNK J. Brown	hart	M.D CHIEF MEDICAL EXAMINER	DATE SIGNED				
EXAMINER'S NAME (Type) Frank J. Broschar	rt	ASSISTANT MEDICAL EXAMINER 7/19/5	58				
	2c NAME OF CEMETERY OR	CREMATORY 27d. LOCATION (City, fown, or ex	ounty) (State)				
Burial 7/19/58	Lincoln Parl	Rockville, Mi					
23. FUNERAL DIRECTOR'S SIGNATURE Sucurde	Rockville, 1		R'S SIGNATURE				



H

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	CATE OF DEATH Reg. Dist. No.					
1. PLACE OF DEATH o. comontgomery MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o STATE AND					
b CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest town) Kensington						
d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Kensington Gardens Rest Home	d street address 5812 Chevy Chase Park is residence on a farm? A109/F/t/h/h/1/1////////////////////////////					
3. NAME OF DECEASED (Type or print) MARY S. Widdle	ATERS 4. DATE Month Day Year DEATH July 2, 1958 19					
S SEX Female 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	Ol 4 4 4 C M C Olive Months Days House Man					
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if relired) Own Home						
John/D//Stellson Drew Snedeker	14 MOTHER'S MAIDEN NAME Mary E. Pitts					
15. WAS DECEASED EVER IN U S ARMED FORCES? 16 SOCIAL SECURITY NO 1 (You give wor or dates of service) None	7 INFORMANT Address Elizabeth W. Graeff-Item#2					
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) EVER DIPA	Throm bosis " Interval Between ONSET AND DEATH SOURCE					
conditions, if ony, which) by Advanced generalised anterio- lovins						
gove rise to immediate couse (a), stating the under- lying couse lost DUE TO (c) C/ProS/	S					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20% ACCIDENT WAS UNDERLYING OR CONTRIBUTING O	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO					
	IRRED (Enter nature of injury in Part I or Part II of item 18.)					
Toc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e Hour a. m. 19 While Not while of work 6 work	P. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or lown) (County) (Slote)					
21. I certify that I attended the deceased from	ath accurred at 470 P. M. from the causes and an the date stated above					
ACTUAL SUMMED SUBSESSISTRES, City or town, slote) ACTUAL SUMMED SUBSESSISTRES, City or town, slote) ACTUAL SUMMED SUBSESSISTRES, CITY OF TOWN, slote) ACTUAL SUMMED SUBSESSISTRES, CITY OF TOWN, slote)						
PHYSICIAN'S Stewart Clapp	wash 15 D.C					
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER CONTROL THE CON						
Robert A. Pumphrey-Bethesda, Mary	yland DATE JUL 7 '58 COLLEGE					

MARYLAND STATE DEPARTMENT OF HEALTH....RAITIMORE 19



454- D.C.

DATE JUL 8

24b REGISTRAR S SIGNATURE

IS RESIDENCE

ON A FARM?

YES NO K

Year

19

PERFORMED?

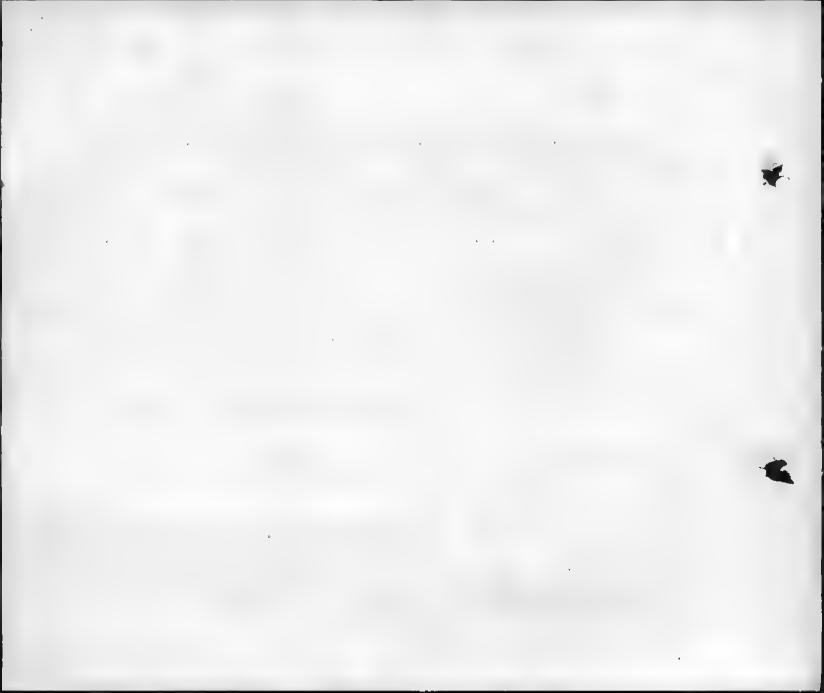
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YESTE NO T

(Stote)

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VS A15 (4) 15M 10/57



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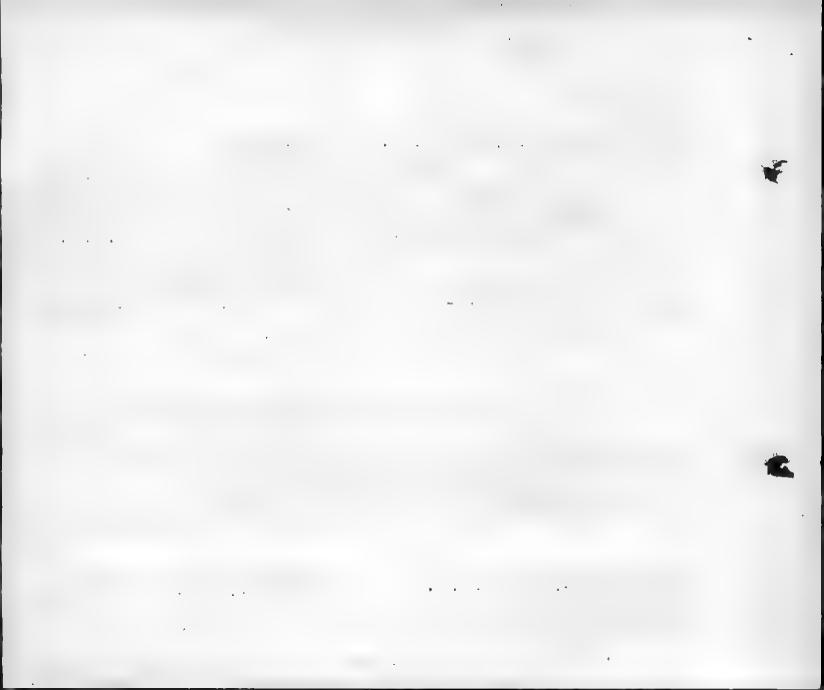
8225 CERTIFICATE OF DEATH

Or Dist No

N		1 243 - 0 033	7/19/5/201	Mag. Dist.	110.
	1. PLACE OF DEATH COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (Who o STATE Maryle	ere deceased lived if institution Residence to and b COUNTY Prince	e Georges
	Abkona Park, M	LENGTH OF STAY IN 16		utside corporate fimits, write RURAL and give OK, Md.	nearest town)
	d NAME OF HOSPITAL (If not in hospital, give street add or institution Althea Ten Nursing Home	iress)	d. STREET ADDRESS Box 366	Defence Highway	e. S RESIDENCE ON A FARM? YES NO
	3 NAME OF First DECEASED (Type or print) Gertrude I	E. Riggles We	eed lost	4. DATE Month OF July 9, 19	Day Year 958- 19
	female white widowed	X DIVORCED	Feb 2, 1873	85 yrs Manths Do	EAR IF UNDER 24 HRS ys Haurs Min
	10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife owl	ID OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (Stole o		N OF WHAT COUNTRY?
	Richard R. Rigg	gles	14 MOTHER'S MAIDEN N	Moagland	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Vex. no. or unknown (If yet, give wor or done of service) no		George Weed	Jr Dare Beach Md.	
	PART 1. DEATH WAS CAUSED BY:	or (a), (b), one (c) }	2 Thron		INTERVAL BENVEEN ONSET AND DEATH
	Conditions, if ony, which) (b)	rebral	arter	Loze Generia	
	gove rise to immediate couse (a), stating the under- ying couse last. (c)	teresela	rolic Ca	rdiovascula d	Alase_
	PART II OTHER SIGNIFICANT CONDITIONS CON OF CONTRIBUTING 206. DESCRIPTION 206. DESCR	al Through	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART 1(PERFORMED?
		BE HOW INJURY OCCURRED	(Enter nature of injury in P	ort Lor Part II of item 18)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJU While of work	_ Not white foot	CE OF INJURY (Home, form, form, street, office bldg., etc.)	20f (City or town) (Cou	nty) (State)
	21. I certify that I attended the deceased alive an 125	fram / S / L 2 , and that death	se 19 Sk, to	My from the causes and an the	t saw the deceased
	ACTUAL Marian F	Togart.	1011	ADDRESS (Street, city or town, state)	DATE SIGNED
ĺ	PHYSICIAN'S Thomas P Fogarty	0 1	4	love spiling "in	4
	220 BURIAL, CREMATION, 276 DATE THEREOF BURIAL (Specify) July 12, 195	2c NAME OF CEMETERY OR B St Georg	crematory es Cemetery	22d tOCATION (City town, or county) Glenndale, Md.	(Stote)
	73. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hyatts	ville Md.		BY REGISTRAR 246 REGISTRAR'S SIGNA	(TURE



			MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18	
() () () ()	(B.F.		8226 CERTIFIC	CATE OF DEATH	B. Dist. N.) 8224
director led with	1.27	13	PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Re a. STATE b. COUNTY	rsidence before admission)
·		<u> </u>	Montgomery MARYLAN	New York	
ecol be			b CITY OR TOWN (If outside corporole limits, write RURAL and give nearest town)	c. CITY OR TOWN (If nutside corporate limits, write RURAL	and give nearest town)
to and			Bethesda 23 days	New York	
ofte sho	20		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. 15 RESIDENCE ON A FARM?
by and 2			The Clinical Center, Bethesda 14, Mc	9 Sickles Street	YES NO P
4 h		3	NAME OF First Middle DECEASED	Lost 4. DATE Month	Day Year
within 24		_	(Type or print) Edward Richard		20, 19 58
within rely (5.	6 COLOR OR RACE 7 MARRIED THE NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In years If U) Mar	NDER 1 YEAR IF UNDER 24 HRS
		_	Male White WIDOWED DIVORCED	August 13, 1914 43 m	
executed and cample an papers.	I	100	. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR IN during most of warking life, even if retired)	DUSTRY 11 BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
क वृह्			Motorman Transportati		U. S. A.
4 5 6		13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
certificate to physician remave car			Edward Weldt	Renee (unknown)	
phy emo		15	no or unknown) (If yes, give wer or dates of service)	The Medical Record Address	
			No 1111-10-2027	The Clinical Center, Bethesda	14. Maryland
death trendir please			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Daniel no	INTERVAL BETWEEN
he at		Ł	PART I. DEATH WAS CAUSED BY: INTACCYCLICAL	HEMIUN WAY E	
th the			DUE TO A A A A A A	1 - the 1 - wards	11/2
d b mit.		ı	Conditions, if any, which gove rise to immediate (b) ACUTE (1176	locytic Leukemia	6"2 mos.
gne			couse (a), slating the under-		
red ian. in sin		_	lying couse lost.) (c)		
Jow ysic bee tro	7)	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(o) 19. WAS ALTOPSY PERFORMED?
The physical property of the physical p		P. P.			YES 🔂 NO 🗌
r e e e		EE	20a. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED (Enter noture of injury in Port I ar Part II af item 18.)	
S S S S S S S S S S		Ų Ž			
Se o orio		MEDIC	Hour a.m. While Not while	PLACE OF INJURY (Home, form, 20f (City or lown) factory, street, office bldg., etc.)	(County) (Stole)
tat this this men		×	p. m 19 at wark at wark		
ospi ospi od fe			21. I certify that I attended the deceased from June 2	- Second 1 - Second 1 years	at I last saw the deceased
Cris A			alive on July 20 , 1958 , and that dec	oth occurred at 4.500. P.M. from the causes and	on the date stated above
E # 5 # 5				3 = 45 /ADDRESS (Street, City or town, state)	DATE SIGNED
ig be de la			ACTUAL SIGNATURE CLITTUR 1 Lepicit 314	(M.D) The Clinical Center	7/21/58
retain RAL Di Shauld stror p	1		PHYSICIAN'S Arthur L. Teplitzky, M. D.	National Institutes of Bethesda 14, Maryland	Health
HOSPI oy be FUNER oge 3 a		220	BURIAL CREMAT ON, 226. DATE THEREOF 22c. NAME OF CEMETERY		inty) (State)
		B	REMOVAL (Specify) 17-Transit 7/24/58 Gate of He	PP 4 5 0 0 0	
5 5			FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR	
VS A15 (4) 15M 10/57			Robert A. Pumphrey-Bethesda, Mar	Vland DATE JUL 2 2 '58 Cll-A	educh



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

8228

() \$226 Reg. Dist. No.

	1. PLACE OF DEATH 9. COUNTY	2 USUAL RESIDENCE (Where deceased fixed .f. institution. Residence before admission)
	MONTGOMERY MARYLAND	MARYLAND COUNTY MONTGOMERY
	b CITY OR TOWN (If outside corporate film ts, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate fimils, write RURAL and give nearest lown)
	BETHESDA	DL SILVER SPRING
4.	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SUBURBAN HOSPITAL	d STREET ADDRESS 3510 FLORAL STREET e. IS RESIDENCE ON A FARM? ON A FARM? NO (5) NO (5)
	3. NAME OF DECEASED (Type or print) PEARL Lavina L	HEATE DATE JULY 28 1958
	FEMALE WHITE WIDOWED DIVORCED	B DATE OF BIRTH 6/24/87 9. AGE (In years WUNDER 1 YEAR IF UNDER 74 HRS last birthday) 71 9. AGE (In years WUNDER 1 YEAR IF UNDER 74 HRS last birthday) 71 9. AGE (In years WUNDER 1 YEAR IF UNDER 74 HRS last birthday) 71 9. AGE (In years WUNDER 1 YEAR IF UNDER 74 HRS last birthday) 71 9. AGE (In years WUNDER 1 YEAR IF UNDER 74 HRS last birthday) 71 9. AGE (In years WUNDER 1 YEAR IF UNDER 74 HRS last birthday) 71 9. AGE (In years WUNDER 1 YEAR IF UNDER 74 HRS last birthday) 71 9. AGE (In years WUNDER 1 YEAR IF UNDER 74 HRS last birthday) 71 9. AGE (In years WUNDER 1 YEAR IF UNDER 74 HRS last birthday) 71 9. AGE (In years WUNDER 1 YEAR IF UNDER 74 HRS last birthday)
	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) Homemaker OWN home	TRY 17. BIRTHPLACE (State or foreign country) VIRGINIA U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	ANDREW J. NICHOLSON	BERDIE HEAD
	(Yes do no imborrow) . Of the second of the	NFORMANT Address James C. Wheate, 3rd, 3510 Floral St.
	CAT	SI I VET SPIT THERPAL SETWEEN ONSET AND DEATH
!	OR CONTRIBUTING TO CAUSE OF DEATH). (Enter nature of injury in Part I or Part II of item 18)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLA Hour a m. 19 of work of work of work	ACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (State) tary, street, office bldg, etc.)
-	21. I certify that I attended the deceased from June 10 alive on July 24 , 1858, and that death ACTUAL SIGNATURE CLARING H. TRAUM	accurred at 8. 5 AM, from the causes and on the date stated above ADDRESS (Street, city or lawn, state) ADDRESS (Street, city or lawn, state) DATE SIGNED ADDRESS (STREET, CITY SHAPE FROM THE TIME
	NAME (Type)	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL 8/30/58 FT. LINCOLN CE	DETMOR ORA COUNTY MADE
	Warner Sumphrey, SILVER SPRING.	240. REC'D BY REGISTRAR 246. REGISTRAPS SIGNAPURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 8097 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admiss on) COUNTY COUNTY MARYLAND nomera b. CITY OR TOWN I foutside corporate/limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give neares) town) RURAL-effd give negrest/down) weeks pinous d NAME OF HOSPITAL (If not in hospital, give street oddress) STREET ADDRESS OR INSTITUTION NChuuI ashinaton 4. OATE DECEASED Yors berg (Type or print) DEATH 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED male WIDOWED I 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) Movie Theater Mocie trojectionis ainia 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), slating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e PLACE OF INJURY fHome, form, 20f (City or town) 20c TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED factory, street, office bldg. etc.) Hour a.m. While Not while of work of work p. m.

100190mtrer e IS RESIDENCE ON A FARM? YES NO 19 5 4 IF/LINDER I YEAR IF UNDER 24 HRS 9 AGE (In years lost birthday) Months 12 CITIZEN OF WHAT COUNTRY? 41.5.4 Address INTERVAL BETWEEN ONSET AND DEATH TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPSY PERFORMED? YES NO (County) (Stote) , 19.58 ____, and that death accurred at 7.55 PM, from the causes and an the date stated above. DATE SIGNED 22d. LOCATION (Crty town, or county) PRINCE GEO. COUNTY, MARYLAND 245. AFGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR

Reg. Dist. No.

Vs A15 (4) 15M 10/57

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BUR AL, CREMATION, 226. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

W. W. EASTMAN

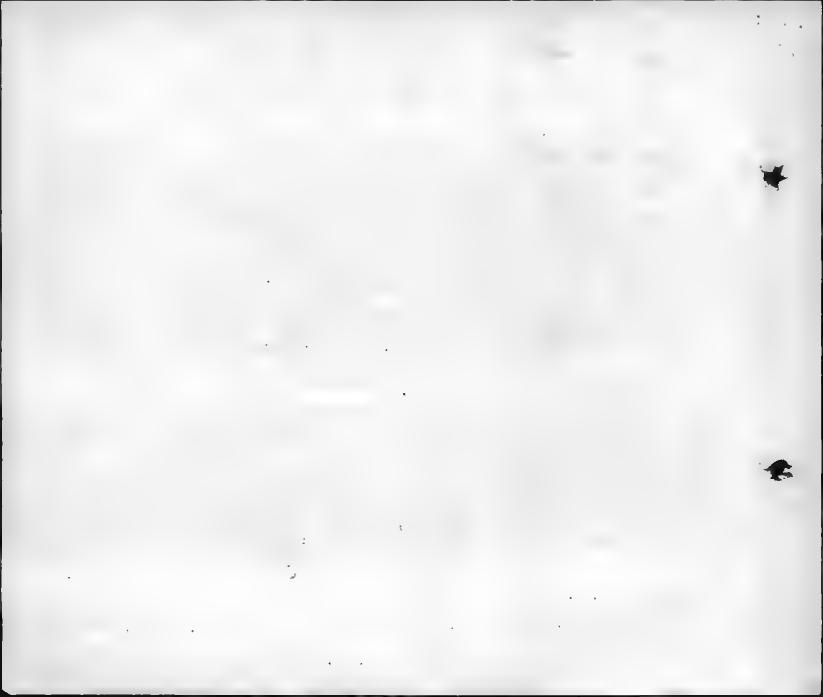
8/1/58

22c NAME OF CEMETERY OR CREMATORY

CEDAR HILL CEMETERY

SILVER SPRING, MD.

ADDRESS



FOR STATE HEALTH DEPT

William 22 hours offer

k

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8229 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

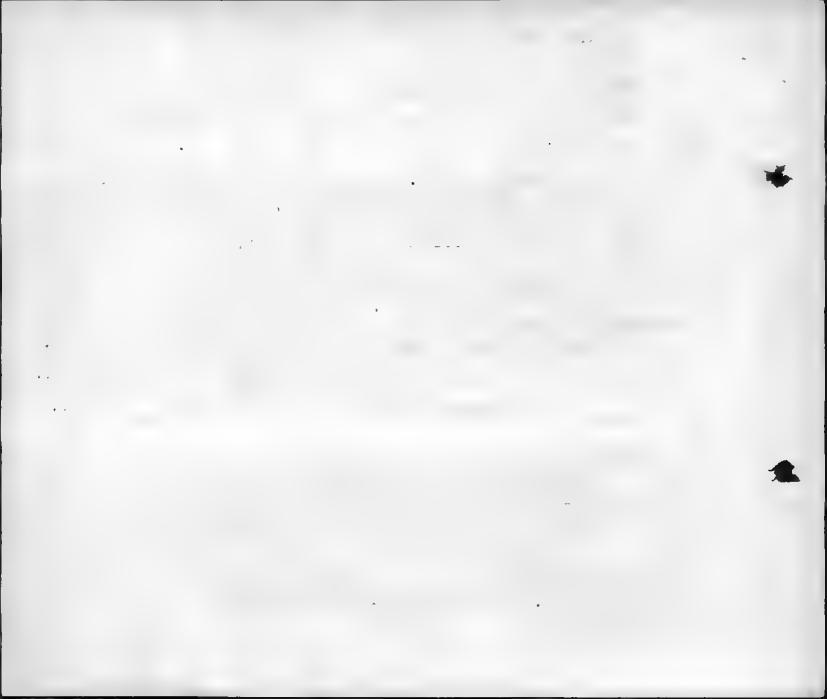
05228

Reg. Dist. No.

	-								· · ·	
*		PLACE OF DEATH			2	. USUAL RESIDENCE (V	Where deceased	lived. If institution	Residence befo	ore odmission)
-		Montgome	rv	MAM	EYLAND	. STATE Mary	land	P COUNTA	Montgo	merv
			outside carporale limits, write #U	e, LENGTH OF STAT	r IN 16	c CITY OR TOWN (II	f outs de corpore			
٠,	y .	Bethesda		2 for	7.9	Bethesd	la. Ma	ryland		
	d	NAME OF HOSPITA	L OR INSTITUTION (If no	of in hospital, give street oddre	pts)	d STREET ADDRESS		<u> </u>		. IS RESIDEN E
<i>‡</i>		Suburban	<u>Hospital</u>			['] 7811 E	Exeter_	Rd.		YES NO 1
	3. [NAME OF DECEASED	First	Middle		Lost	4. DATE	Month	Doy	Year
1		(Type or print)	Doug	las L.	W	hiting	DEATH	July	17	19 58
	5. S	EX	6 COLOR OR RACE 7	MARRIED NEVER MARRI			9	Local at A. A.	aran ayaman " da	IF UNDER 24 HR
		Male	White w	IDOWED DIVORCED	No No	vember 17	,1942	an birthdoyl Mc	Total	Hours Min
	10a	. USUAL OCCUPATIO	N (Give kind of work done life, even if retired)	106. KIND OF BUSINESS OF	E INDUSTRY	11 BIRTHPLACE (Stote	or foreign coun		12. CITIZEN OF	WHAT COUNTRY
1	1	Stude		**		Washingto	n. D.C.		21.3	a
	13.	FATHER'S NAME			14	. MOTHER'S MAIDEN				
		R.F	Renjamin Ehid	ting		Betty Forr	est			
	15.	WAS DECEASED EVE		S? TIE, SOCIAL SECURITY NO	17. INFC	RMANT (23)	Address		
	'	**	he had first and of odder or make	Unknown	.1.	in in "s"		5 .	د	T.
		18 CAUSE OF DEAT	H [Enter only one couse p	per line for (a), (b), and (c)]		AMILIAN TO THE PARTY OF THE PAR		-		AL DETWEEN
		PART I. DEAT	H WAS CAUSED BY:	Cerebral Eden	ta				DNSET	3 hrs.
,		821x	DUE TO	VVI V 01 41 DQVI						
	Н	Conditions, if any, which) (b) Cerebral Contusions and lacerations 3 hrs.								
		gave rise to immediate cause								
		(a), stating the u	nderlying (c)	Fractured sky	11				1 3	hne
	Z	PART IL OTH		ONS CONTRIBUTING TO DEA		RELATED TO THE TERM	INAL DISEASE CO	ONDITION GIVEN	N PART 1(6) 19	WAS ALTOPSY
	CERTIFICATION				_				, ,	PERFORMED? ES M NO 1
	E C	200. EXTERNAL CAU	SE WAS _ 20b E	PESCRIBE HOW INJURY OCCU	JRRED (Ente	r nature of injury in Par	t Lor Port II of a	tem 18 \ a		
	3	PRIMARY BOT CON CAUSE OF DEATH.	TRIBUTING []		•	. ~				
	MEDICAL	20c TIME OF INJUR	Y Month, Doy, Year	20d INJURY OCCURRED	20e PLACE	OF INJURY (Home, form	1 201 . ICity or	secolar sown)	(County)	(Store)
	ă	12:29 MA		While V Not while and	foctory.	street, office bldg, etc.	3 !	esda Mo		, ,
			M '/= f'/ 1e58				I KATH			
	W									
	W	21. I certify th	at I taok charge of	the remains describe	ed above	, held an Autops	y 😾 , Insp	ection [], 1	nquiry [],	and in my
	W	21. I certify th	at I taok charge of		ed above	, held an Autops	y 😾 , Insp	ection [], 1	nquiry [],	and in my
	W	21. I certify the opinion death a	at I taok charge of	the remains describe	ed above	, held an Autops Suicide ,	y c, Insp Homicide [ection [], 1	nquiry [],	and in my
	W	21. I certify the opinion death i	at I taok charge of	the remains describe	ed above	, held an Autops Suicide	y 😿 , Insp Homicide 🗌	ection, 1], Undetermi	nquiry [],	and in my
	W	21. I certify the opinion death is actual signature EXAMINER'S	at I took charge of resulted from: Not Hank J. /	the remains described aural causes . Acc	ed above	, held an Autops Suicide , CHIEF MEDICAL EX ASSISTANT MEDIC	y 😿 , Insp Homicide 🔲 KAMINER 🗀 AL EXAMINER 🗀	ection, 1], Undetermi	nquiry [],	and in my
		21. I certify the opinion death is actual signature EXAMINER'S NAME (Type) F	at I took charge of resulted from: Not	the remains described aural causes []. According to the second aural aur	ed above ident	, held an Autops Suicide , CHIEF MEDICAL ES ASSISTANT MEDICAL DEPUTY MEDICAL	y , Insp Homicide KAMINER AL EXAMINER EXAMINER	ection [], 1]. Undetermi	nquiry [],	and in my
		21. I certify the opinion death is actual signature EXAMINER'S NAME (Type) F	at I took charge of resulted from: Not Hank J. /	the remains describe for a courses [], Account [] Braschart [] 72c. NAME OF CEME	M.D.	, held an Autops Suicide, Suicide, CHIEF MEDICAL EX ASSISTANT MEDICAL DEPUTY MEDICAL EMATORY	y , Insp Homicide KAMINER AL EXAMINER EXAMINER	ection, 1], Undetermi	nquiry [],	and in my
	220	21. I certify the opinion death a signature EXAMINER'S NAME (Type) FOR BURIAL (REMOVAL (Speedy)) Burial	resulted from: Not result	the remains describe for a courses [], Account [] Braschart [] 72c. NAME OF CEME	M.D.	, held an Autops Suicide , CHIEF MEDICAL EX ASSISTANT MEDIC DEPUTY MEDICAL EMATORY	Y N Insp Homicide KAMINER AL EXAMINER EXAMINER 22d LOCATION ROCKY	ection [], 1], Undetermi	nquiry [], ned manner // 7 · J unity)	and in my DATE SIGNED (Stote)
	220	21. I certify the opinion death is signature. EXAMINER'S NAME (Type) BURIAL CREMATION REMOVAL (Specify) BURIAL FUNERAL DIRECTOR'S	resulted from: Not result	the remains describe fural causes [], Acc Braschart 77. NAME OF CEME Park Lawn ADDRESS	M.D. Ceme	, held an Autops Suicide , CHIEF MEDICAL EX ASSISTANT MEDIC DEPUTY MEDICAL EMATORY	Y M, Insp Homicide KAMINER AL EXAMINER EXAMINER 22d LOCATION ROC BY REGISTRAR	ection [], 1], Undetermi	nquiry [], ned manner // 7 · J unity)	and in my DATE SIGNED (Stote)

rentificate should be executed within 24 hours after death. If any delay is necessary, please I pending in pending in lem. 18. Give Pages 1, 2, and 3 to 19, fyneral director. Page directors of fire along with form PM3. Page 5 may be founded for your files. But set as a buriel-transit permit. File pages 1 and 2 with the bobe Board of Health, it, cremation, or removal, and in any event within 22 hours, effect death. A should be forwarded to the Chiractic To FUNERAL DIRECTOR: Page 3 should be on its designated agent, prior to barial, c DEPUTY MEDICAL EXAMINER:

VS ALSME SM 2 'S7



FOR STATE · HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18()8229 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8230

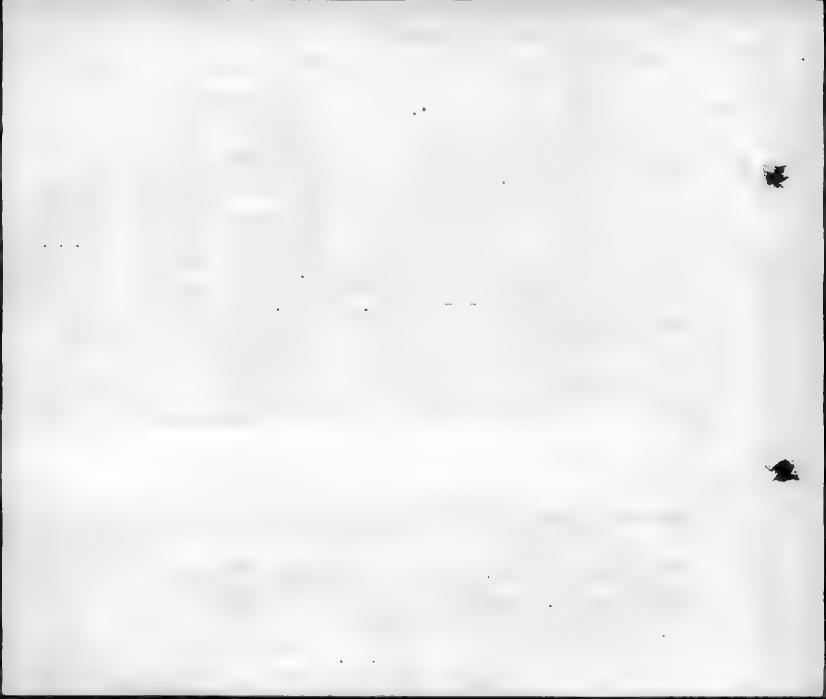
Reg.	Dist.	No.

										Red. Dill. Ite	
	PLACE OF DEATH	MONT GOMERY	ζ	MARY	LAND		DENCE (Wh		d lived If institut	ion. Residence be MONTGOM	
	b. CITY OR TOWN (IF and sive rection (swe))		IASUS -	17 yrs.	IN 16	c CITY OF 1	_	uts de corp R SPR	orale limits, write ING	RURAL and give n	eorest town)
	d. NAME OF HOSPITA	L OR INSTITUTION (I	finat in hospit	ol, give street oddres	15}	d STREET AL	DDRESS 5 WOOD	MOOR	DRIVE		ON A FARMA
	3. NAME OF DECEASED (Type or print)	HELEI		ARDELL	WI	LCOX.	Ta Ta	DATE OF DEATH	Month JULY		Yeor 1958
	FEMALE	6 COLOR OR RACE WHITE	7 MARRIED			/19/94			9. AGE [# years last birthday] 64 yrs	Months Days	IF UNDER 24 HRS Hours M.n
	100. USUAL OCCUPATIO during most of working BUYER —	N (Give kind of work of life, even if relired)		inery	INDUSTRY	11. BIRTHPLA		foreign co	**	12 CITIZEN O	WHAT COUNTRY?
	13. FATHER S NAME				1	4. MOTHER'S A	AAIDEN NA	ME			•
1	Henry L	inton Ward	211			Anne E	. Fer	guson			
ľ	15 WAS DECEASED EVE			CIAL SECURITY NO	17 INF	DRMANT	-		Address		
	no	(1) yes, give war at dates at	579	-01-3832	Mrs.	Doroth	ny C.	Godwi	n.		
	PART I DEAT	nderlying DUE TO	Cere	bral v	io.	sten			<i> -</i>	1	PACE BETWEEN ET AND OLAH
	5	ER SIGNIFICANT CON								```	9, WAS AUTOPSY PERFORMED? YES NO A
- 1	- 1	ITRIBUTING 🗆		OW INJURY OCCU							
	20c TIME OF INJUR Hour o m p. m.	Y Month, Doy, Yea	While	Not while of work	De PLACE factory	OF INJURY (He , street, office t	ome, form, bldg., etc.)	20F (City	or town)	(County)	(Stote)
	21. I certify that I took charge of the remains described above, held an Autopsy []. Inspection []. Inquiry []. and in my										
	opinion death (apinion death resulted fram: Natural causes 🛴 Accident 🗍, Suicide 🔲, Homicide 🔲, Undetermined manner 🗍									
	ACTUAL SIGNATURE	trank J.	1320	chait.		W.D.	EDICAL EXA	Name of Street			DATE SIGNED
	EXAMINER'S NAME (Type)	FRANK J. B	ROSCHAF	T			IT MEDICAL AEDICAL EX		-		7/31/58
1	RANS. & BUR	IAL 8/2/58	77	RIVERVIEW					ION (City, lown, e		(State)
	23 FUNIERAL DIRECTORY	SIGNATURE Lumpky	ey, s	ADDRESS SILVER SPR	ING,	MD.	DATE	BY REGISTR	AR 24b REGIS	TRAR'S SIGNATUI	RE
(6)			17					+		A A STATE OF THE S	

TO DEPUTY MEDICAL EXAMINER: The certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the pending in pending in them. 18. Give Pages 1, 2, and 3 to the function director. Page 4 shauld be forwarded to the Chief director Examiner's Office along with form PM3. Page 5 may be coincided for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a buriol-transit permit. File pages 1 and 2 with 1995 are Board at Health, or its designated agent, prior to burial, cremosite, or removal, and in any event within 72 bours after death.

V5 A15ME 5M 2 57



MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
8231	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

08230

											Keg. L	JIST. No.	,	
1,	PLACE OF DEATH			3444		2 USUA a. ST/	L RESIDENCE (V	Vhere deced	sed live	ed If instituti	on Reside	nce befo	re admis	ion)
	Montg	ORETY		MAX	YLAND		Labama			0. 0001111				
	b CITY OR TOWN (If a	outside corporate limit	s, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If outside corporate hmits, write RURAL and give nearest tawn)								
	Bethesda	esi idwiij		24 day	78	8	alem				* ,**			
Г	d. NAME OF HOSPITAL OR INSTITUTION	. (If not in haspital, g	ve street	oddress)		d. ST	REET ADDRESS						e. IS RES	IDENCE
	Clinical C	enter, Bet	hesd	a 14, Md.		F	oute 2	Box 1	76_					NO
3.	NAME OF DECEASED	Fire	a e	Middle	onl	y)	Lost	4. DATI	E	Mor	eth	Do	Y	Year
	(Type or print)	Arti	.0	C.(ini	tial	W	illiams	DEA	rH .	Jui	ly	16		1058
5	SEX	S. COLOR OR RACE	7 MARR	HED NEVER MARRI	ED (36	B. DATE O	F BIRTH		9 4	GE (In years	IF UNDE	RIYEAR	IF UND	R 24 HRS
	Male		WIDOWI	ED DIVORCE	:0 🗍		er_23,	1950	- "	ast birthday) 7 yrs	Months	Days	Hours	Min
10	during most of working	(Give kind of work of	ane 10b.	KIND OF BUSINESS	OR INDU	STRY 11 B	RTHPLACE (Slat	e ar fareigi	count	y)	12 C	ITIZEN O	F WHAT	COUNTRY?
	Student	g me, eren n remeul		None			Alaba	179.0				U. S	t A	
13	FATHER'S NAME					14. MO	HER'S MAIDEN					00 0	, A	
	Asa Willia	ms, Jr.					Alber	tha W	ils	on				
	. WAS DECEASED EVER I	N U. S. ARMED FOR		SOCIAL SECURITY NO) 17. H	NFORMAN	The Me	dical	P.	COTOG Add	ress			
Ľ	No	yer, give war or done or re	TVICE	None	T	he Cl	inical				da 1.)	ı. Ma	ırvla	ınd
F	18. CAUSE OF DEATH	f [Enter only one co	ise per lic	ne for (a), (b), and (c)	1 .								RVAL BE	
П	PART I, DEATH WAS CAUSED BY: ONSET AND DEATH													
	IMMEDIATE CAUSE (a) A STATE OF THE STATE CAUSE AS THE CAUSE AS THE STATE OF THE STA													
	gave rise to immediate (b) POST-offahre Complecation from Convertion													
П	couse (a), stating the	couse (a), stating the under DUE TO												
1_	lying couse last.	1 4	121	ralogy s	4_1	alli	700	upu	15	Chlara	defe	4		
CERTIFICATION	PART N. OTHER	SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELA	ED TO THE TERM	MINAL DISE	ASE CO	KIDITION GIV	ENUN PA	RT 1(a) 1	PERFO	RMED?
E E	200 ACCIDENT MAKE	UNIDERIVING (T	20L DEST	COINE LECOM IN LILLING C	CC BRE	× 15 ×		0.11.0		6.74			YES []	<u> </u>
CERT	200. ACCIDENT WAS IN CONTRIBUTING LITER, NOTIFY MI	CAUSE OF DEATH EDICAL EXAMINER)	200. DESC	CRIBE HOW INJURY C	CCOKKEL	J. (Enter no	nure at injury in	ran lor r	ori II o	ir item ta j				
MEDICAL	20c TIME OF INJURY	Manth, Day, Yea	r 20d. IN	NJURY OCCURRED	20e. PL/	ACE OF IN	URY (Hame, for	m. 20f IC	ity or t	lawni		(County)		(State)
i iii	Hour o m.	19	While	Not while	foc	tory, street	office bldg , el	lc.)	,	,		(Coomy)		(aime)
12	21. I certify that			k at work	- 22		EB .	In lan	36					
		ulv 16	. 195	Ra tram	9 66	, 1>		_uuty.	_10,	, 1920.	,that I	tast so	iw the	deceased
	alive an	Try 10	_, 18.2.	Y, and that	death	occurre	d of 1:25					the dat	le state	ed abave.
	ACTUAL UT	le un		R100						city or town,	state)			LTE SIGNED
	SIGNATURE	TILITYI	an 1	rances	1	M.D				Center				6/58
н	PHYSICIAN'S	7		_						itutes		lealt	h	
L	NAME (Type) N.	Perryman	Coll	lins, M. D	4		Bethe	şda l	4,	Maryla	nd			
22	OF BURIAL CREMATION	226 DATE THEREO		22c NAME OF CEM	ETERY O	RCREMATO	RY	224_100	ATION	(City town,	or county)		, (Stat	*1
	REMOVAL (Specify)	7/18/5	8					C	L	4 1	7	- 0	11	6
23	FUNERAL DIRECTOR'S	IGNATURE	<u>.</u>	ADDRESS			24n RFC	DAYBEG	STRAP	2 about Front	STRATES S	IGN ATUR	E	
	Q \N 1.1	1	-	1000	lan.		4 34	1 4 9						



200	CERTIFICATE	OF DEA	TH
222	CERTIFICATE	OI DEL	7411

Reg. Dist. No. (18231

	1	823	Z	CCICIII	107	IL OI DEAII		Reg.	Dist. No.
	1) PLACE OF DEATH					2 USUAL RESIDENCE (W			lence before admission)
4	o county Montg	omerv		MARYLA	UND	a. STATE New Yo	ork '	COUNTY	
	b. CITY OR TOWN (If a	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				c CITY OR TOWN (If	outside corporate fir	nits, write RURAL on	d give nearest town)
	Bethesda	est town)		9 days		Port	Jervis	d	%
1	d NAME OF HOSPITAL	(If not in hospital, g	ive street			d. STREET ADDRESS			e. IS RESIDENCE
	The Glinic	al Center	Bet	hesda 14. M	d.	152 P	ike Stree	t	ON A FARM? YES NO TO
ı	3 NAME OF DECEASED	Fir		Middle		Lost	4. DATE	Month	Day Year
ı	(Type or print)	Ma	rcus	Stephe	n	Williams	OF DEATH	July	29, 19 58
	5 SEX			1ED NEVER MARRIED		DATE OF BIRTH	9. AG	E fin years IF UND	ER TYEAR IF UNDER 24 HRS
	Male	White	WIDOWI			November 30,	1920 60	birthdoy) Month	Doys Hours Min
ı	100 USUAL OCCUPATION	(Give kind of work	done 10b.	KIND OF BUSINESS OR	_				CITIZEN OF WHAT COUNTRY
	during most of working Printer	g life, even if refired	,	Publishing		New 1	York		U.S.A.
ı	13 FATHER'S NAME				1	14. MOTHER'S MAIDEN	VAME		
1	Stephen H.	Williams				Emily Hene	drix		
1	15. WAS DECEASED EVER I	N U S ARMED FOR	CES7 16.	SOCIAL SECURITY NO.	17. /N	ORMANTThe Med		I'C Address	
	NO NO	yes, give war or dates of s		0-20-8830	Ti	ne Clinical	Center, B	ethesda 1	h, Maryland
		Enter only one co		pe for (o), (b), and (c).)					INTERVAL BETWEEN
1	PART I. DEATH	WAS CAUSED BY:	$-\nu$	Brown or	Lett.	Elow.a			ONSET AND DEATH
	2 - 2./ "	DUE TO			1	C			
	Conditions, if ony		1),	muslicati	u	Latione S	clerosu	d	1 sycau
	gove rise to imr	nediote (-	11	0	- 4 .			11
1	lying cause lost.	Under:	L'A	sionary	- 6	Le Cery Duse	ase		unknows
1	PART II OTHER	SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN P	ART I(a) 19 WAS AUTOPSY
	5			0		9			PERFORMED? YES 12 NO 1
	PAIR II OTHER 206. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY MI	UNDERLYING [206 DES	TRIBE HOW INJURY OCC	URRED	(Enter nature of injury in	Port I or Port If of	tem 18.)	
1		EDICAL EXAMINER)							
1	20c TIME OF INJURY	Month, Day, Yes			De. PLAC	E OF INJURY (Hame, form	n, 20f. (City or tov	(n)	(County) (State)
	Hour a.m.	19	While of world	Not while	TOUT	y, sirect, office blog., erc	•1		
Ì	21. I certify that	Lattended the	deceas	ed from July 2	0.	1958 to	July 29.	19 58that	I last sow the deceased
ł	olive on Jul		. 19	58 and that d	eath o	occurred at 3:15	AM from the	course and an	the date stated above
1		6 /	7	·			ADDRESS (Street, c		DATE SIGNE
1	ACTUAL SIGNATURE	wo G	ille	rafil to	M	n The Cli	nical Cer	ter	7/30/58
				11 //		Nationa	l Institu	tes of H	ealth
1	PHYSICIAN'S NAME (Type)	Louis Gil	lespi	6, Jr., M.	D.	Bethesd	a 14. Mar	yland	
	220 BURIAL, CREMATION,	226. DATE THEREO	F	22c. NAME OF CEMETI	ERY OR	CREMATORY	22d. LOCATION (Lity, lown or county	r) (State)
	Burial	8/2/58	3	Evergre	en	Cemetery	Bethel	. New Y	ork
1	23 FUNERAL DIRECTOR'S	IGNATURE		ADDRESS		24a REC'	D BY REGISTRAR	246 PEGISTRAR'S	SIGNATURE
	Robert A.	Pumphrey	7 B	ethesda, N	lary	land DATE	JUL 3 1 '58	Whe	such

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attacking physician.

TO FUNERAL DIRECTOR: After this certained by the ottending physician and campletely if in by the funeral director, page 3 should be detached for use as the burnal-transil permit. Then please remave carbon papers. Page 1, and 2 should be filed with the registrar prior to burial, cremation, or remayor, and in any event within 72 hours after death.



HOSPITAL



		MARYLANI	D STATE DEPARTM	ENT OF HEALTH	-BALTIMORE,				
		8234	CERTIFICA	ATE OF DEATH	1	Reg. Dist	Q.5233		
1	PLACE OF DEATH		4.4.5	I) o. STATE	nere deceased lived. If institu	utions Residence	before admission)		
_		ntgomery	MARYLAND		y_and_	Howa			
	b C-TY OR TOWN (If RURAL and give ne	outside corporale limits, write orest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporate limits, write	RURAL and give	re nearest lawn)		
		Olney	24 hrs. 27 m	in.	Sim	psonvil			
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give stre-	et address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?		
M	lontgomery	County General	I Hospitak. Inc				YES NO 12		
3.	NAME OF DECEASED	First	Middle	Lost	4. DATE M	lanih	Day Year		
	(Type or print)	Jean	Irana	Wilson	OF DEATH J11	ıl.v	3 19 58		
5	SEX	6. COLOR OR RACE 7. MA		8. DATE OF BIRTH	9. AGE (In year	IF UNDER 1	YEAR IF JINDER 24 HPS		
	Female	Colored WIDO		July 2. 1	958 lost birthday		oys Hours Mipy		
100	USUAL OCCUPATIO	N (Give kind of work done 10	6. KIND OF BUSINESS OR INDU			12 CITIZ	EN OF WHAT COUNTRY		
	Newborn	ing life, even if retired)							
13.	FATHER'S NAME			Maryland Maryland	NAME	10. 3	. A.		
		al. 3 1.1	7.4 **** 7		•	Ab			
15	WAS DECEASED EVE	Charles Frank		NFORMANT	Elizabeth Har	ddress			
{Ye		If yes, give war ar dales of service)				Miess			
\vdash	no l			<u>Hospital Reco</u>	rds				
		TH [Enter only one couse per					INTERVAL SETWEEN ONSET AND DEATH		
		IMMEDIATE CAUSE (6) FE	tal Atelecta	51.5			l day		
	/ G X, D DUE TO Promoturity								
	Conditions, if ony, which Prematurity								
	gove rise to immediate DUE TO								
1	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY								
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION O	IVEN IN PART I	(o) 19 WAS AUTOPSY		
3							YES NO		
Z Z	200. ACCIDENT WAS	S UNDERLYING THE 206. DI	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of item 18.)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)							
WEDICAL	20c TIME OF INJURY			ACE OF INJURY (Home, form	, 20f (City or town)	(Co	unty) (Stote)		
WED	Hour o.m.	19 of w	le Not while ro	clory, street, office bldg., etc	7				
1		at I attended the deco	ased from July 2	1058 4	Tuly 3 105	8			
	alive on Ju								
	dilve onQQ	±¥2	58, and that death	occurred of 815077	Q.M. from the couses ADDRESS (Street, city or tow	and on the	dote stated above		
	ACTUAL SIGNATURE	LATTICE S	Who Takes		ADDRESS (Street, City of Town	n, stolej	DATE SIGNEL		
	SIGNATURE	767 C) /	7 00	M D					
	PHYSICIAN'S NAME (Type) C	harles S. Whi	taker, M. D., C	larksville, M	d.				
270	BURIAL, CREMATION	, 226. DATE THEREOF	22c NAME OF CEMETERY O		22d LOCATION (City, fown	, or county)	(Stole)		
	REMOVAL (Specify)	7/5/58	Hopkins Ch	apel.,	Highland,	Mi.			
23.	FUNGERAL DIRECTOR'S	SIGNATURE	ADDRESS		D BY REGISTRAR 246 REG	GISTRAR'S SIGN	IATURE		
	Kokert.	I sumale	Rockville,	DATE J	UL 8 '58 6	Shar.	.1		
C						المارية	-4-4-A		

VS A15 (4) 15M 10/57 2073192XV2



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0925

08234

	0444			E OF DEATH			Reg. Di	11. No.	
Montgomery		MA	RYLAND 2.	USUAL RESIDENCE (WI G. STATE Maryland	here deceased	b. COUNTY			mission)
	f autside carporate limits, sarest town)	write c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF	outside carpora				lown)
Olney	AL (If not in haspital, give	4 hrs	20	Rockville	•			la IS	RESIDENCE
OR INSTITUTION		ral Hospital	Inc	304 Readi	ing Ave	nue		0	N A FARM?
J. NAME OF DECEASED (Type or print)	First	Midd	ile Hammond	Lost L Wood	4. DATE OF DEATH	July	ith	Day	Year 19
5. SEX		MARRIED NEVER MAR		ATE OF BIRTH	9	. AGE (In years		1 YEAR IF U	
Male	MITTIG	IDOWED DIVORG		7/22/96		62 62 rs.	Months	Days Ha	urs Min.
Oa. USUAL OCCUPATION during most of work	ON (Give kind af work don ring life, even if retired)	106. KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (State	ar foreign cou	intry)	12. CIT	IZEN OF W	HAT COUNT
Painter				Maryla				USA	
3. FATHER'S NAME			1.	4. MOTHER'S MAIDEN I	NAME				
	nry Wood			Mary H	ipkins				
S. WAS DECEASED EVE	R IN U. S. ARMED FORCES (If yes, give wor or dates of service	at I		RMANT		Add	ress		
No No		1220-34-47	84 A1	ice O. Wood			Same	as 2	
18. CAUSE OF DEA	TH [Enter only one couse	per line far (a), (b), and (INTERVA	LBETWEEN
420.1	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		cclusio	n - Myocard	ial In	farction	1	ONSET A	3 day
	DUE TO ny, which (b) mmediate (DUE TO	Coronary O	eclusio Arterio		ial In	farction	1	1 -	3 day
Conditions, if or gove rise to it cause (a), stating lying couse tast. Part II. OTH	DUE TO ny, which mmediate the under term (c) MER SIGNIFICANT CONDIT	Corona ry	cclusio Arterio erosis	sclerosis				1 - 2 - T 1(a) 19. W	2 yea 4 yea AS AUTOPS
Conditions, if or gove rise to it cause (a), stating lying couse last. PART II. OTHER CONTRIBUTIONS (IF EITHER, NOTIFY	DUE TO ny, which mmediate the under- ter SIGNIFICANT CONDIT	Corona ry	Arterio Prosis	sclerosis	INAL DISEASE	CONDITION GIV		1 - 2 - T 1(a) 19. W	2 yea 4 yea AS AUTOPS
Conditions, if or gove rise to it cause (a), stating lying couse tast. Part II. OTH	DUE TO ny, which mediate the under to the u	Corona ry Arterioscle	Arterio Prosis OCCURRED. (E	sclerosis	NAL DISEASE Port 1 or Port 1	CONDITION GIV	'EN IN PAR	1 - 2 - T 1(a) 19. W	2 years 4 years autops Reformed?
Conditions, if or gove rise to it cause (a), stating lying couse last. PART II. OTHER OF INJURY CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour a, m. p. m.	DUE TO ny, which mediate the under. DUE TO DUE TO DUE TO COLUMN DUE TO DUE TO COLUMN DUE TO DUE TO DUE TO DUE TO COLUMN DUE TO DUE TO TO DUE TO TO DUE TO DUE TO DUE TO TO DUE TO TO TO DUE TO DUE TO DUE TO TO TO DUE TO DUE TO DUE TO TO DUE TO TO DUE TO DUE TO DUE TO TO TO DUE TO TO DUE TO TO DUE TO TO DUE TO TO TO DUE TO TO DUE TO TO TO DUE TO TO DUE TO TO TO DUE TO	Arterioscle IONS CONTRIBUTING TO D b. DESCRIBE HOW INJURY 20d. INJURY OCCURRED While Not while of work of work control ceased from JULY	Arterio Prosis DEATH BUT NOT OCCURRED. (E 20e. PLACE focksry.	related to the terminature of injury in log insury (Home, form, street, office bldg., etc., 1958., to J.	Port 1 or Port 1	CONDITION GIV II of item 18.) If town)	(C) that I is	2 - T I(a) 19 W PE YES County)	2 year 4 year AS AUTOPS RFORMED? (Stot) the decear dated about 10 years 10
Conditions, if or gove rise to it cause (a), stating lying couse last. PART II. OTHER CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY Hour a.m. p. m. 21. I certify th	DUE TO ny, which mediate the under. DUE TO DUE TO DUE TO COLUMN DUE TO DUE TO COLUMN DUE TO DUE TO DUE TO DUE TO COLUMN DUE TO DUE TO TO DUE TO TO DUE TO DUE TO DUE TO TO DUE TO TO TO DUE TO DUE TO DUE TO TO TO DUE TO DUE TO DUE TO TO DUE TO TO DUE TO DUE TO DUE TO TO TO DUE TO TO DUE TO TO DUE TO TO DUE TO TO TO DUE TO TO DUE TO TO TO DUE TO TO DUE TO TO TO DUE TO	Arterioscle IONS CONTRIBUTING TO D b. DESCRIBE HOW INJURY 20d. INJURY OCCURRED While Not while of work of work control ceased from JULY	Arterio Prosis DEATH BUT NOT OCCURRED. (E 20e. PLACE focksry.	related to the terminature of injury in log insury (Home, form, street, office bldg., etc., 1958., to J.	Port 1 or Port 1 20f. (City c 1) AM, from ADDRESS (Streen	condition Gives town) town) 19.58	(C), that I is and an the store	2 - T I(a) 19 W PE YES County)	2 year 4 year AS AUTOPS REFORMED? NO [
Conditions, if or gove rise to it cause (a), stating lying couse last. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTHY) 20b. TIME OF INJUR Hour a.m. p. m. 21. I certify the alive on JU. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) R	DUE TO ny, which mmediate the under. DUE TO	Corona ry Arterioscle HONS CONTRIBUTING TO D B. DESCRIBE HOW INJURY 20d. INJURY OCCURRED White Not white of work of	Arterio Prosis DEATH BUT NOT OCCURRED. (E 20e. PLACE focksty. 10 at death occurred.	sclerosis T RELATED TO THE TERMI of INDURY I Home, form, street, affice bldg., etc. 1558 to J curred at 3:55	Port 1 or Port 1 20f. (City c 1) AM, from ADDRESS (Streen	condition GIV If af item 18.) If town) If the causes of the cause of the causes of the causes of the causes of the causes of the	(C), that I is and an the store	2 - T I(a) 19 W PE YES County)	2 yea 4 yea As Autops: RFORMED? NO [
Conditions, if or gove rise to it cause (a), stating lying couse last. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour a. m. p. m. 21. I certify the alive on JUL ACTUAL SIGNATURE PHYSICIAN'S	DUE TO ny, which mmediate the under. DUE TO	Arterioscle IONS CONTRIBUTING TO D D. DESCRIBE HOW INJURY 20d. INJURY OCCURRED White at work of work of twork of twork of two the ceceased from July 1958 and the cecased from July 1958 and the cecased from July 22c. NAME OF CE.	Arterio Prosis PEATH BUT NOT OCCURRED. (E 20e. PLACE foctory. 10 M.D.	sclerosis T RELATED TO THE TERMI of INDURY I Home, form, street, affice bldg., etc. 1558 to J curred at 3:55	Port 1 or Port 1 20f. (City of 1) AM, from ADDRESS (Street) 120f. (City of 1) 220f. (City of 1)	condition GIV If af item 18.) If town) If the causes of the cause of the causes of the causes of the causes of the causes of the	(C) that I i and an the state)	2 - T I(a) 19. W PE YES County) last saw the date si	2 year 4

lin by the funeral directors, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate lie executed within 24 hours after death. Page of FUNERAL DIRECTOR. After this control of the physician.

Of FUNERAL DIRECTOR. After this control at the been signed by the attending physician and campletally page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, crematian, at removal, and in any event within 72 habits after death. may be retained by the haspital or a VS A15 (4) 1SM 10/57

(CARLES CELLERS) HVIII - R. J. the section of the compressing frequency of the management of the flat. edition for frish year at the NAME OF THE PARTY and the state of t The first of the second of the 50

8236	CERTIFICATE	OF	DEATI
EN - REN			

		82	36	CERT	IFICA	ATE OF DEAT	Н	Reg. Dis	t. No.		
	PLACE OF DEATH O. COUNTY Mont	gomery	•	MAR	YLAND	2. USUAL RESIDENCE (W. o. STATE District	there deceased lived. If	OUNTY	e befare admission)		
	b. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAT	r IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)					
	Bethesda			6 days	3		on, D.C.	4-1	X-3		
	d. NAME OF HOSPITA OR INSTITUTION	it (If not in hospita), g		- 1	Ma	d. STREET ADDRESS	h Street, N	. W.	e. IS RESIDENCE ON A FARAV YES NO	?	
3	NAME OF	Fi		Middle		lasi	4. DATE	Month		_	
	DECEASED (Type or print)		orge	Henr		Wright, Jr	OF	July	28, 1958		
5.	SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARR	IED [B. DATE OF BIRTH	9. AGE (li	4 4 4	YEAR IF UNDER 24 H		
10	Male	Negro	WIDOWE		-	January 25,	1945 13	yrs	Days Hours Mir		
TŲC	during most of worki	N (Give kind of wark- ing life, even if retired	done 10b.	None None	DR INDU	STRY 11. BIRTHPLACE (Stor	ton, D. C.	112. CITI	U. S. A.	ITRY?	
17	FATHER'S NAME			110110		14. MOTHER'S MAIDEN			0. 0. 4.		
10.		Wright,	Sr.			Norma S				-4	
15.	WAS DECEASED EVER			SOCIAL SECURITY NO	D. 17. II		edical Reco	ddress			
(Ya	No or unknown) (t	I yes, give wor or dates of s	ervice)	None		he Clinical			Maryland		
	18. CAUSE OF DEAT	TH [Enter anly one co	use per lin	e for (a), (b), and (c)	.]				INTERVAL BETWEEN	1	
		H WAS CAUSED BY:	6	Sesticen	ilm.				ONSET AND DEATH	rt	
	591X	DUE TO	-	1					- 1		
	Conditions, if on	y, which) (b	RI	lood t	lot	ting Dele	A.		Lukure	tre	
	gave rise to im cause (a), stating to lying cause last.		· 4	ephrotic	Su	molrone			1-year	and the same	
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONDITI	ON GIVEN IN PART	1(a) 19 WAS AUTOP PERFORMED? YES NO)	
CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING UCAUSE OF DEATH	20b. DESC	TRIBE HOW INJURY (CCURRE	D. (Enter nature af injury in	Part I or Part II af item	18.)			
MEDICA	20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Ye	20d. It While at war!	Not while of work	20e. PL.	ACE OF INJURY (Hame, for ctary, street, affice bldg., e	m, 20f. (City ar town) fc.)	(C	ounty) (Sto	ile)	
		at I attended the	decease	^	ily 2	2 , 1958 , to accurred a 3:25	July 28 AM, from the co		ast saw the dece		
	. /	0 . /	1.	, , , , ,		00001100 00	ADDRESS (Street, city of		DATE SIG		
	ACTUAL SIGNATURE	ours &	ille	spee &	r.	M.D. The Cli	nical Cente		7/28/5		
				1 1		Nationa	l Institute	s of Heal	th		
	PHYSICIAN'S L	ouis Gille	spie,	Jr.			la 14, Maryl		****		
220	BURIAL CREMATION	me from 2)F	22c. NAME OF CEN			22d. LOCATION (City,		(State)		
	Burtal	7/31/58		Lincoln	Memo	rial	Suitland,	Maryland			
23.	FUNERAL DIRECTOR'S	SIGNATURE	30	ADDRESS H Street.	N.E		TO BY REGISTRAR 24	()(SNATURE		

ALLY ARTHUR and the second s